death Deceased

hospital of no

ance to

(2) cause

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Jan. 26. 1965 David Wallace. Sr. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) 4. USUAL B. COUNTY (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Anderson Nursing Home D. STREET ADDRESS (If rurol, give location) 3/101 Greenway 5. SEX 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 6. RACE If Under 24 Hrs. WIDOWED. DIVORCED (specify) lost birthdov) Hours Tol M Widowed 10-8-1889 75 11 BIRTHPLACE (State or foreign country) IGA USUAL OCCUPATION (Give kind of work IDB, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF done during most of working life, even if retired) President U.S.A. J.S. Young Co. Scotland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Charles H. Wallace Unknown 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS 3910 (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr. David Wallace, Jr. 215-01-7446 Cloverhill Rd. No CAUSE OF DEATH INTERVAL BETWEEN 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DtD home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) otc) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 60 5 that (I) (we) lost sow the deceased alive on. ond that in (my) (bur) opinion deoth occurred on the dote ond hour and from the causes stated obove. (1) (view) (did) (did net) view the bady ofter deeth. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff u Phy s. Director 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 4108 Liberty Heights Ave. Balto.. Earl 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) -29-1965 Pikesville, Balto. Md. Burial Druid Ridge Cemetery Co.

H. W. & Sons Co

York Road Balto Md.

VS 150-REV. 1/1/65

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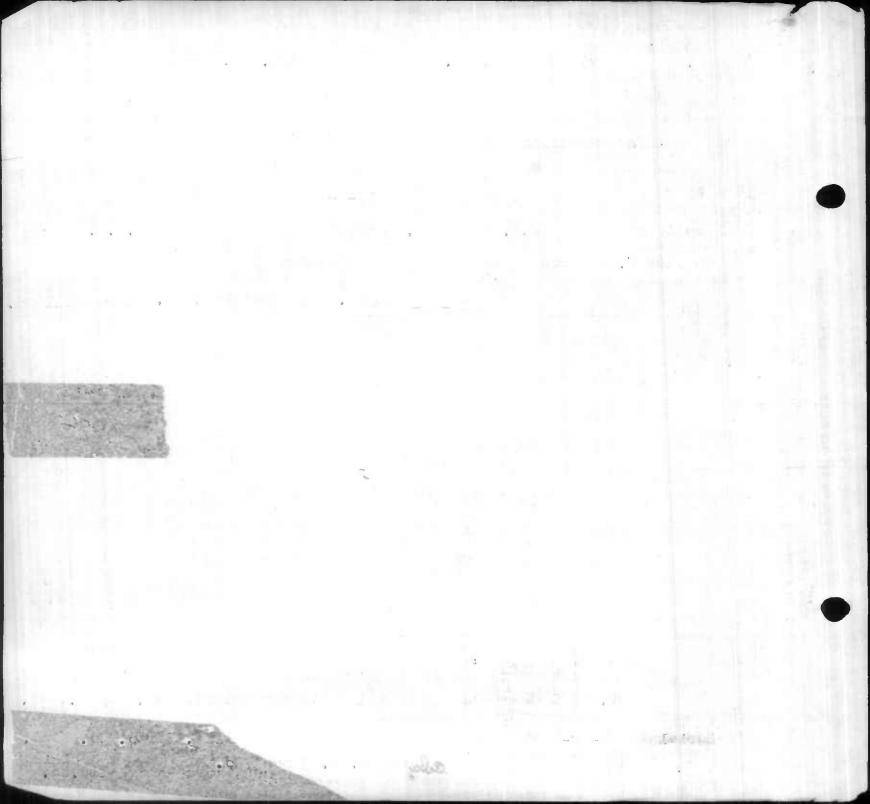
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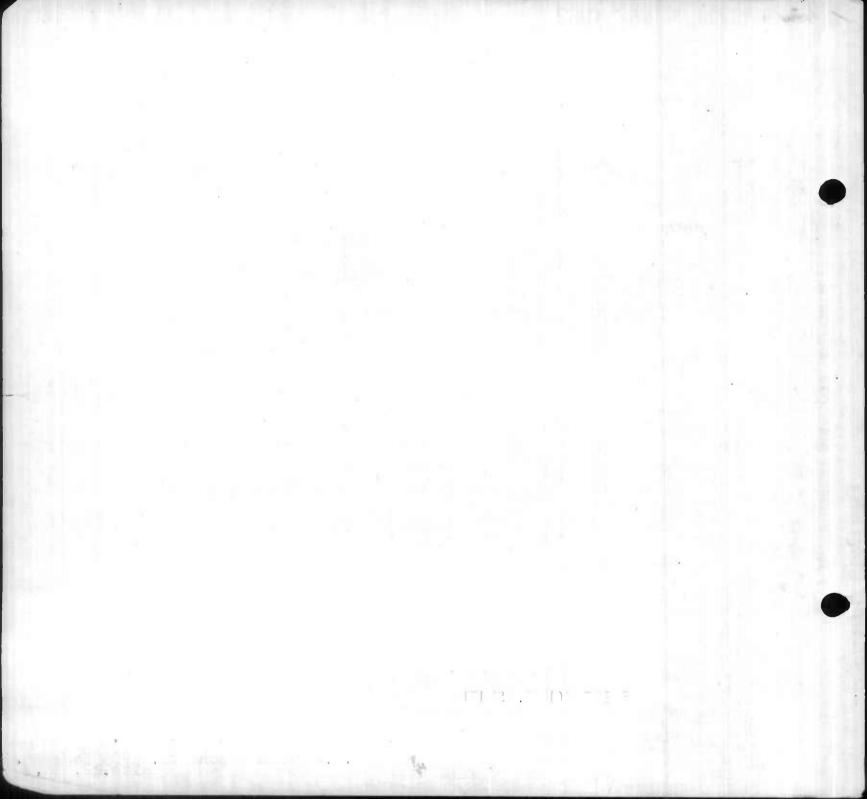
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	1000	BALTIMORE CITY	HEALTH DEPARTMENT		CE 4000
BIRTH	1 NO. 65 1002	CERTIFICA	TE OF DEATH	Registered No.	65 1002
	CASE NO.			D HOUR OF DEATH	3.0
(Туре	or Print ALMA M. He	ELLER	265	ANUARY C	5 1/130 PM
3. PL	ACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (When	e deceased lived. Il in	nstitution: residence before admission)
FI	JLL NAME OF (If not in hospital as	r institution, give street	1 0 11	OLTIMOR (7101
H	OSPITAL OR address or location)			1-1	RURAL and give township)
			BALTIMORE		
1	JUNNAJEMORIOS HOS	BITAL		rurol, give location)	
5. SE	6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
104	USUAL OCCUPATION (Give kind of work)	OR KIND OF RUSINESS OF INDUSTRY	11 RIPTHPLACE (Style or fore)	an country)	12. CITIZEN OF
done	during most of working life, even if retired)	All A	A A A A . 11 A A	gii Cabiiiiy)	WHAT COUNTRY?
	HOUSEWIFE	PIA	MAKASAW		VSA
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	MISSIM B	MASI		REGEL	
15. W (Yes,	os Deceased Ever in U. S. Armed Force no or unknown) (If yes, give war ar dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	0.4	ADDRESS
	ALU 611	NA	(HTIME.O.)	10/1)	1 MONNEMBIORPHI
1	8. 3 22,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	11	, United	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of	dving e.g.	iq dear ta	10 6	
	heart failure, asthenia, etc. It means t	the disease,			
	injury ar camplication which caused	death.) Mycc	andial Enterel	DE 010	
	ANTECEDENT CAUSES	DUE TO		3	
	DISEASES OR CONDITIONS, if a rise to the above cause (A)	ny, giving stating the (c)	I money ATel	· d Tarls	
	UNDERLYING CONDITION last.				
Z	11	ANTRIBUTING			
110	OTHER SIGNIFICANT CONDITIONS CO	ED TO THE			
RTIFICATION		ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
RTIF	2 NONE WAS PERFO		Yes	IN CERTIFYING CA	AUSES OF DEATH?
CE	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i		(If in Baltimo	re City, give exoct locotion)
CAL	DEATH (notify medical examiner)	home, form, factory, street, a	A (/ N		
0		(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
> 1	(APPROX.)	While At Not Whil	e Lin		
	1417	Work At Work	SECEMBER 30	of U X	100V O C CE
1	22. 1 certify that (I) (this hospital)				NUARY 26 19 65
	that (I) (we) lost sow the deceased			of in (my) (our) op	inian death accurred on the date
	and hour and from the causes state	ed obove. (1) (We) (did) (did not)	iew the body after death.		
4	3A. SIGNATURE	C. FUR M.D. AH	ending Med.	Stoff	23B. DATE SIGNED
	C Langery	- 2/1623/ by	s. Director	Phys	160410 6)
2	NAME (Type)		23D. ADDRESS		
	FREDERICK		Valon Nea	roud t	DSP
24A.	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	MATORY 24D. L	OCATION (C	city, tawn, or county) (State)
		.965 Greenmount	Cemetery B	altimore.	Md.
25A.		25B. NAME OF REGISTRAL	H.W. Jenkins		ADDRESS
	JAN 28 1965 (I	2 Sept E. Farlaghia			o. 4905 York Rd.
	BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 1/30/1	24C. NAME OF CEMETERY OF CR. 965 Greenmount 25B. NAME OF REGISTRAR	Cemetery B	altimore,	Md.

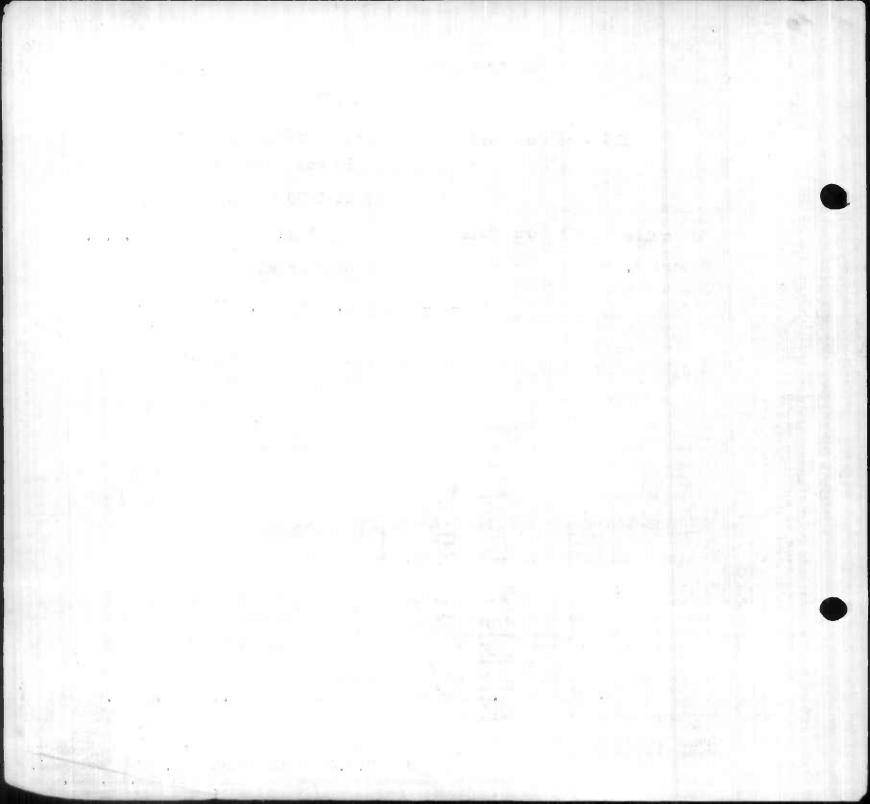
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambalanced. It is a deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

	BALTIMORE CITY	HEALTH DEPARTMEN	Т	
BIRTH NO. 65 1003 M.E. CASE NO.	CERTIFICA	TE OF DEAT	Registered No	65 1003
NAME OF DECEASED Type or Print) Louise Sha:	fer Kurtz		uary 26, 19	131
FULL NAME OF (If not in hospital or instite address or location) INSTITUTION		A. USUAL RESIDENCE (A. STATE B. C Maryland C. CITY OR TOWN	Where deceased lived, If OUNTY If outside city limits, write	institution: residence before odmis
215 Woodlawn	Road	Baltimore D. STREET ADDRESS	(If ruiol, give location)	
	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Widowed	215 Wood1 8. DATE OF BIRTH 1 2/16/1899	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours M
IOA. USUAL OCCUPATION (Give kind of work 10B, Kit done during most of working life, even if retired) HOUSEWIFE OWN		11. BIRTHPLACE (Stote or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Robert F. Shafer		14. MOTHER'S MAIDEN		U O O O O O
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dates of set	vice) 16. SOCIAL SECURITY NO. 220-44-3605	17. INFORMANT		Address (Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heard failure, osthenia, etc. It means the distingury or camplication which caused death.)	sease,	Elycosel	Brus	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is lo the above couse (A) stoling UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED.	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DI	D (If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work		INJURY OCCUR?	0
22. I certify that (I) (this haspital) attention (I) (we) last sow the deceased alive	on January 2		/ /	Dinion death occurred on the
ond hour ord from the couses stoted obo	Church M.D. Atte	ending Med. Director	Stoff Phys.	23B, DATE SIGNED
/	G.Helfrich M.D.		d Ave.,Balt	50., Md.
24A. BURIAL CREMATION, 24B. DATE 24B. Cremation 1/29/1965	Greenmount C		Baltimore.	City, town, or county) (St

Co. 4905 York Rd. Balto.12, Md. JAN 28 H.W. Jenkins 1965 & Sons VS 150-REV. 1/1/65



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BALTIMORE	CITY	HEALTH	DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

WHAT COUNTRY?

Md.

U.S.A.

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	2. DATE AND	HOUR OF DEATH	
	Jan.	26, 1965	14

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Ī	4. USUAL RESID	R COLINTY	deceosed	lived. If institution:	residence	before	odmissio
	35			12	2 1		

Maryland

(If outside city limits,

Baltimore

D. STREET ADDRESS (If rurol, give location)

the second section of the second		224	1	Wendover	9	Road	L	
	-							 _
T AAAABARD MIRAMB AAAABARD								

5. SEX 6. RACE If Under 24 Hrs. Hours Married (specify) lost bighdoy Months Doys 8-3-1903 12. CITIZEN OF

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

King George. Va Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Elizabeth Adams Hoff

(If not in hospital or institution, give street

224 Wendover Road

1004

oddress or location)

3. PLACE OF DEATH IN BALTIMORE MARYLAND

BIRTH NO.

M.E. CASE NO. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

Lillian Gouldman Rodger Boggs 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT

ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.

Mr. Arthur L. Hoff Same No None

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Adenocarcinoma of Brain vears (This does not mean the made of dying, e.g.,

DUE TO (Original site unknown) hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) Carcinomatosis

> ANTECEDENT CAUSES DUE TO

DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

CERTIFICA 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED Tumor adjacent to brain

9-29-61 Tun
21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc.)

(Month) (Doy) (Yeor) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY Not While While At (APPROX) AI Work Work

22. I certify that (I) (this hespital) attended the deceased from September 11 19 10 to January 26 that (1) (we) lost saw the deceased alive on January 26

and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.

23A, SIGNATURE 238 DATE SIGNED Attending Phys. Med. Stoff 1-27-65 Director Phys. L

23C. PHYSICIAN'S 23 D. ADDRESS NAME (Typé

Dr. John M. Scott 600 W. Belvedere Ave. Balto. Md.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

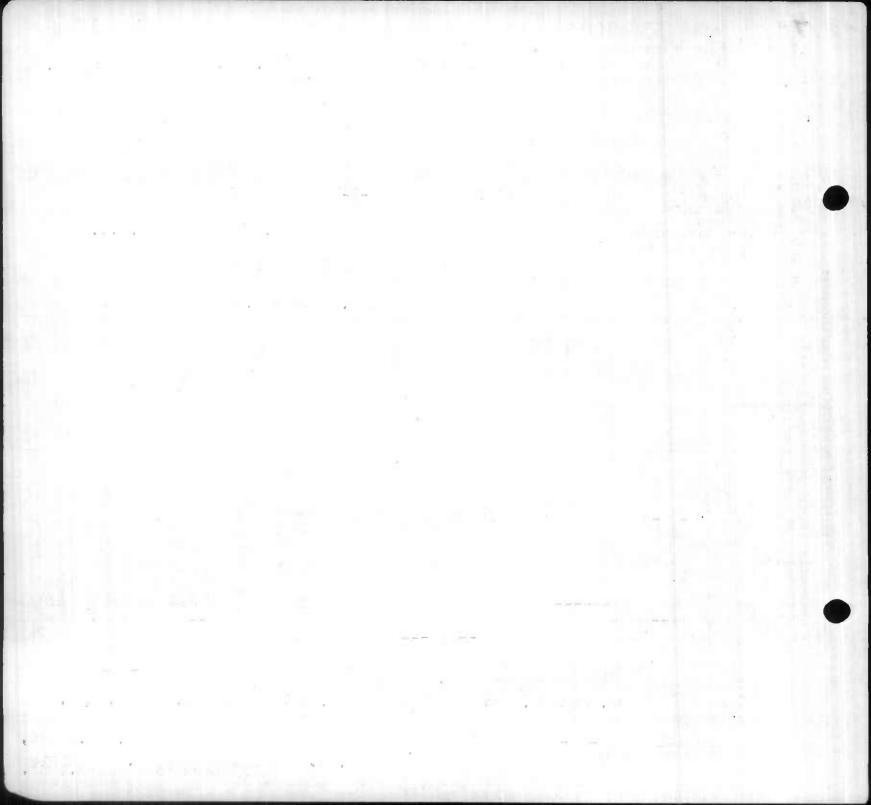
> -28-1965 Druid Ridge Cemetery Pikesville Balto. Co.,

Sons Co Balto.,

VS 150-REV. 1/1/65

Burial

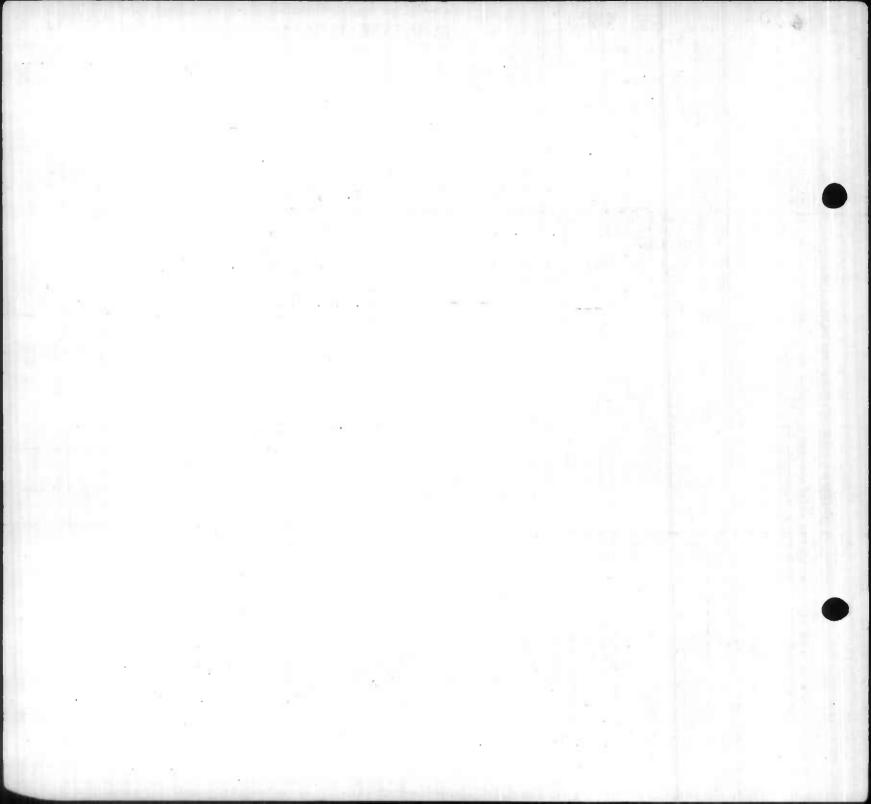
REMOVAL (Specify)



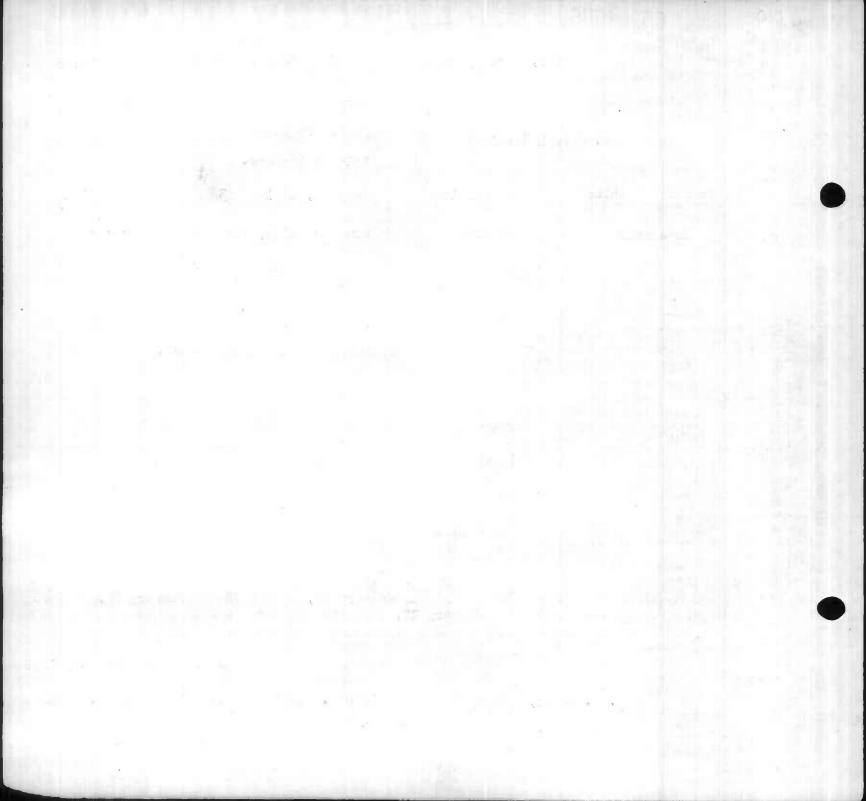
3. PLACE OF DEATH IN BALTIMORE, MARTLAND FILL NAME OF MODIFIAL OR Oddress or bedden in billution, give sheet MODIFIAL OR INSTITUTION 2707 St. Paul Street S. SEX PAUL Street S. SEX PAUL STREET NAME 15. SEX PAUL STREET NAME 16. SOCIAL NO. 13, 1888 16. SOCIAL NO. 13, 1888 17. AMERICA NEVER MARRIED NOV. 13, 1888 18. DATE OF BIRTH NOV. 13, 1888 18. DATE OF BIRTH NOV. 13, 1888 19. AGE (in years Name) 19. AGE (in years Name) 10. STREET ADDRESS (if rook, give becation) 2707 St. Paul Street S. DATE OF BIRTH NOV. 13, 1888 10. STREET ADDRESS (if rook, give becation) 2707 St. Paul Street S. DATE OF BIRTH NOV. 13, 1888 19. AGE (in years Name) 10. STREET ADDRESS (if rook, give becation) 10. STREET ADDRESS (if rook, give becation) 2707 St. Paul Street S. DATE OF BIRTH NOV. 13, 1888 10. STREET ADDRESS (if rook, give becation) 2707 St. Paul Street S. DATE OF BIRTH NOV. 13, 1888 10. STREET ADDRESS (if rook, give becation) 2707 St. Paul Street S. DATE OF BIRTH NOV. 13, 1888 10. STREET ADDRESS (if rook, give becation) 10. STREET ADDRESS (if rook, give becotion) 10. STREET ADDRESS (if rook, give becation) 10. STREET	(Ty	NAME OF DECEASED The or Print) EMMA S.	DEALE	2. DATE AND HOL	y 25, 1965 6.00
Registration Color	3.			4. USUAL RESIDENCE (Where deced	0 ~ 2 , ~ - 7 ~ - 7
2707 St. Paul Street 2708 St. Paul Street 2707 St. Paul Street 2708 St. Paul St. Baltimore 2708 S		HOSPITAL OR oddress or locotion)	on, give street	Maryland C. CITY OR TOWN (If outside cit	
Female White Single Nov.13,1888 lost bimbody/76 Months: Doys Hour Single Nov.13,1888 lost bimbody/76 Months: Doys Hour Galloss Nov.13,1888 lost bimbody/76 Months: Doys Nov.13,1888 lost bimbody/76 lost bimbody/76 Nov.13,1		2707 St. Paul Str	reet		
done during most of working life, even if defined Hat Dest Part, Dept. Store. Baltimore, Maryland WHAT COUNTRY USA 13. FATHERS NAME John William Deale 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL NO. SECURITY NO. 213 17. INFORMANT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head fairle, astheria, etc., li means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slotling the UNDERLYING CONDITION To THE DISEASE OR CONDITION CAUSINGTO TO HE DISEASE OR CONDITION CAUSINGTO TO H		Female White S	web, DIVORCED (specify) ingle	Nov. 13, 1888 lost birt	76 Month's Doys Hours
John William Deale 15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SCLUNIT NO. 213 - 01-7923 Wm. W. M. Deale 219 Melanchton Rd. Wm. Wm. Wm. Wm. Wm. Wm. Wm. Wm. Wm. Wm	dor	ne during most of working lite, even if retired)			WHAT COUNTRY
(Yas, not unknown) (If yes, give west of doles of service) 213 - 01-7923 Wm. W. M. Deale 219 Melanchton Rd.	13.		ale		Grimes
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard faiture, asthenia, etc., lit meens the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING Norm, form, foctory, street, office bldgs, INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While AI Work AI Work 21 Cause Of Death Normalized Authors ANTECEDENT WAS UNDERLYING Normalized Authors 21A-ACCIDENT WAS UNDERLYING NORMALIZED A	15. (Ye	es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING DEATH (notify medicol examine) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21C. Time OF INJURY (APPROX.) 21C. Time While At Work At Work At Work At Work 22. 1 certify that (1) (this hospital) attended the deceased fram How in that in (my) (our) opinion deoth occurred and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23C. PHYSICIAN'S NAME (Type) Nathaniel M. Beck M.D. Attending Was performed 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location of the course of the part of the course of the part of the course of the part of the part of the course of the part of the course of the part of		(This does not mean the made of dying, e heart faiture, asthenia, etc. It means the disea	e.g., DUE TO	rough Aurombors.	muide
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) A		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giv rise to the above cause (A) stating UNDERLYING CONDITION lost.	ing the (C)	wnitial ashura	dites Indefine over 6 4.
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? While At Work 22. I certify that (I) (this hospital) attended the deceased fram March 19 56 to January 25 that (I) (we) lost saw the deceased alive an January 22 19 65 and that in (my) (our) opinion deoth occurred and hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Naturale M. Beck M.D. Attending Med. Stoff Phys. 23D. Address NAME (Type) Nathaniel M. Beck M.D. 2818 St. Paul St. Baltimore Md.	CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE		/
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Natural M Beek M.S. M.D. Attending Med. Stoff Phys. Jan. 19 23C. PHYSICIAN'S NAME (Type) Nathaniel M. Beck M.D. 2818 St. Paul St. Baltimore Md.	CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	TING THE DR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No.) 20B. IN C in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact locoho
Nathaniel M. Beck M.D. 2818 St. Paul St. Baltimore Md.	CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (!) (this hospital) attended that (!) (we) lost saw the deceased alive a ond hour and from the couses stated above	TING THE DR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Who Work At Work dt the deceased fram January 2	20A. AUTOPSY? (Yes or No.) 20B. IN C in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OF	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact locoho
	CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (!) (this hospital) attended that (!) (we) lost saw the deceased alive of and hour and from the causes stated above 23A. SIGNATURE	TING THE DR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Who Work At Work d the deceased fram January 2 e. (!) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IN C IN C in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OF APTCh 19 56 2 19 65 ond that in (r view the body after death.	IF YES, WERE FINDINGS CONSIDERED ERTHYING CAUSES OF DEATH? (If in Baltimore City, give exact locotion course) To January 25 The January 25

inion deoth occurred on the dote 238, DATE SIGNED 1965 Jan. Ltimore Md. 21218 ity, town, or county) (Stote) Md. ge's County. ADDRESS HENRY SANDER & SONS.INC. JAN 28 1965 Robert E. Jankey M.A. VS 150-REV. 1/1/65

6.00 A.M.



CE	1006	BALTIMORE CITY	HEALTH DEPARTMENT		65	100£	
BIRTH NO.) 1000	CERTIFICA	TE OF DEATH	Registered Na		1000	
M.E. CASE NO.	FASED			HOUR OF DEATH			
(Type or Print)		r, Cora (CORA MAY		27, 1965		10:45	A
3. PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If ins	titution: resi		141
FULL NAME O	F (If not in hospital oddress or location	or institution, give street	Maryland	le city limits, write R	IIRAL and a	Ball	कि.
INSTITUTION			Baltimore 21234	o city mints, with a	5	2 - 07	,
	St. Joseph	h Hospital		ol, give location)			
			2510 Taylor Ave				
5. S EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1	Yr. If Unde	r 24 Hrs.
Female	White	WIDOWED, DIVORCED (specify) Married	July 25, 1881	83	Monms	oys Hours	Min.
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEI		
	working life, even if retired)	0 - 77	N . N . N . O . A . N	7 - 35 - 3	U.S	COUNTRY?	
Homems		Own Home	New York City, N	lew York	0.0	0.4% 0	
	Illiam Rove	-	Lillian	Knapp			
15. Wos Deceosed (Yes, no or unknown	Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		Α	DDRESS	
no		218 46 1350	Mr Charles F	. Meier 2	510 T	aylor	Ave.
18. 1 7	DYI	CAUSE O			IN	TERVAL BETW	EEN
DISEAS	SE OR CONDITION DIE	RECTLY			01	NSET AND DI	EATH
	LEADING TO DEATH	(A) Meta	astatic carcinoma	of breast			
(This does n	nol mean the mode of asthenia, etc. It means	dying, e.g., DUE TO					
	nplication which coused						
	ANTECEDENT CAUSES	(B)		~~~~~~~~~~~~~~~~~~			
DISEASES O	OR CONDITIONS, if	DUE TO					
rise to the	e above cause (A)						
UNDERLYING	G CONDITION last.						
H TO THE D	IFICANT CONDITIONS OF	ATED TO THE					
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS C	ONSIDERED	
19A. DATE OF	WAS PER	FORMED	No	IN CERTIFYING CAU	ISES OF DE	ATH?	
OR CONTRIBL	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give	exoct location)	
DEATH (notify	medical examiner	etc.)					
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
OF INJURY		While At Work At Work	е				
22	Al-A (1) (Al-2 - 1-2-2-1) attended the deceased from Ja		65 to Jan	uary 2	7	65
		ed alive an January 27,		in(my) (our) apin	ian death	occurred an	the date
		ted abave. (1) (We) (did) (did nat) v	riew the bady after death.				
23A. SIGNATA	THE 7-1/2 (1)	- V			23B, DATE	SIGNED	
1 40	1 Juli	M.D. Atte	s. Director Ph	off " lys.	Janua	ry 27,	1965
23C PHYSICIA	N'S		23D. ADDRESS				
NAME	B. B. Vele	Z, M.D.	1400 N. Caroline	St., Balti	more,	Md. 212	13
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR			y, town, or		(State)
BURIAL		55 Loudon Park	Do	timomo M	e miri e	nd	
	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ltimore M	ary Ta	ADDRESS	
	JAN 28 1965	P. D. F. E. Fally M.D.	HENRY SAND	ER & SONS	INC.		
		Aroday - Jackson, wit	BALTEMORE'	IARYLAND	21213		
VS 150-REV. 1/1/	0.5		1		~		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	Y HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 1007 CERTIFICA	TE OF DEATH Registered No.	65 1007
TINAME OF DECEASED PINDER GEORGE LI	AWRENCE DATE AND HOUR OF DEATH	5.10 b. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	ilution: residence before 6dmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RU	RAL and give tawnship)
Amiverity Hospitel	BACTIMORE D. STREET ADDRESS (If rural, give location)	
1 m versity to a proce	1313 MYRTLE AVE.	# 21217
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Apecify) MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 21 Hrs. Manths Days Haurs Min.
done during most of working lite, even if retired) WALLER CATENER	Bazzo mil	12. CITIZEN OF WHAT COUNTRY?
JOHN PINDER	SADIE FRANCISI	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS AT ATT
230-01-1913	68 Then Pender 1313 M	/
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ARSIAC ARREST	ONSET AND DEATH
(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES 2 3 DUE TO		
DISEASES OR CONDITIONS, if ony, guing		- 1
UNDERLYING CONDITION lost.		**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR SIGNIFICANT CONDITIONS CONTRIBUTING FOR SIGNIFICANT CONDITION CAUSING IT.	CLEROPIC HEART DISEARS	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ASUFFICIENCY	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or contributing CAUSE OF hame, form, factory, street, a etc.)	in or about 21C. WHERE DID (If in Baltimare (INJURY OCCUR?	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work		
22. I certify that (I) (this hospital) attended the deceased from	1-6 - 19 65 10 /-	- 26 - 1965
that (I) (we) last sow the deceased alive on 1-26.	- 19 65 ond that in (my) (our) opini	on death occurred on the date
and hour and from the causes stated objeve. (1) (We) (did) (did nat)		
23A. SIGNATURE M.D. Att. Phy	ending Med. Stoff Phys. Director Phys.	1-26-65
23C. PHYSICIAN'S NAME (Type ROMAN HERMAN M.D.	23D. ADDRESS Shominlersity Hes	pi Lal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY for CR	EMATORY 24D, LOCATION (City,	town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 28 1965 Role & Farly M. P.	Man hour R. Stayes 6:	88 3. gelman ST
V\$ 150-REV. 1/1/65		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suchtwritten approval must be obtained before the remains are embalmed or final disposition is made.

	65 10	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 1008
BIRT	H NO.		ATE OF DEATH Registered No.	
	CASE NO.	CERTITION		
	e or Print) Young	Percey	2. DATE AND HOUR OF DEAT	H 6 L/
3. P	LACE OF DEATH IN BALTIMORE, MARYLA	ND J	4. USUAL RESIDENCE (Where deceased lived. If	
	ULL NAME OF (If not in hospital or in IOSPITAL OR oddress or location)	stitution, give street	Maryland Balt.	19-02
	NSTITUTION .		N 1.1	e RURAL and give township)
	University H	osoital	Baltlanore	
			D. STREET ADDRESS (If rurol, give location)	C 1
			234 N. Gilmor	e 5t.
5. S		WIDOWED, DIVORCED Ispecily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
PE	TORPORER S	HIPYARD -	ALABAMA	WHAT COUNTRY?
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	LUKNOWN		Clarwound	
15. V	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes	,no grunknown) (If yes, give wor or dotes of	171-10-2496	LULA BUSIT 234A	GILMOR H
	1B. 204, OI		DF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	none lymplate leuke	No.5
	LEADING TO DEATH	(A) '-67	vone lymphote leve	ma 1rs
Н	(This does not meon the made of dyi heart failure, asthenia, etc. It means the	diseose,		
	injury or camplication which caused dec			
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if ony,			
	rise la lhe obove cause (A) slo UNDERLYING CONDITION last.	ling lhe (C)	**************************************	
	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE		33
CERTIFICA		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		ore City, give exact location)
-	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street, c	office bldg., INJURY OCCUR?	
ā		our) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3	OF INJURY (APPROX.)	While At Not Whi		
		Work At Work		1 1 PM
	22. I certify that (I) (this hospital) of		1/25/65 12 PM 19 10	25 65 19
	that (I) (we) ast sow the deceased o	ive on 1 25 65 1	Pol 19 ond that in (my) (our) o	pinian death occurred on the date
	ond hour and from the causes stated	phove. (I) (We) (did) (did not)		
	23A. SIGNATURE	(3.0)	The body are deoms	23B. DATE SIGNED
	Down Cet a	M.D. AH	tending Med. Stoff	
		Phy	ys. Director Phys. Phys.	1/25/65
	NAME IType	Morse M.D.	23D. ADDRESS UNIVERSITY HO	spital
24A	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	REMATORY 24D. LOCATION	City, town, or county) (Stote)
1	REMOVAL (Spacily)	- asio sus	Ritar	1
10	130/60	MANGUR	1) January	
25A	1881 6 5	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	CALC ADDRESS G
	JAN 28 1965 A P. A-S	Fa. Ou. H. A.	Mangare Potogra 630	ENGILMOR A
VS 1	50-REV. 1/1/65	, , , , , , , , , , , , , , , , , , , ,		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was in regular attendance on the

prior to death. Such

the deceased

death

deceased prior to death); and (6) No physician was in regular attendance on was D.O.A. at a hospital (except where the physician who pronounced

65 4000

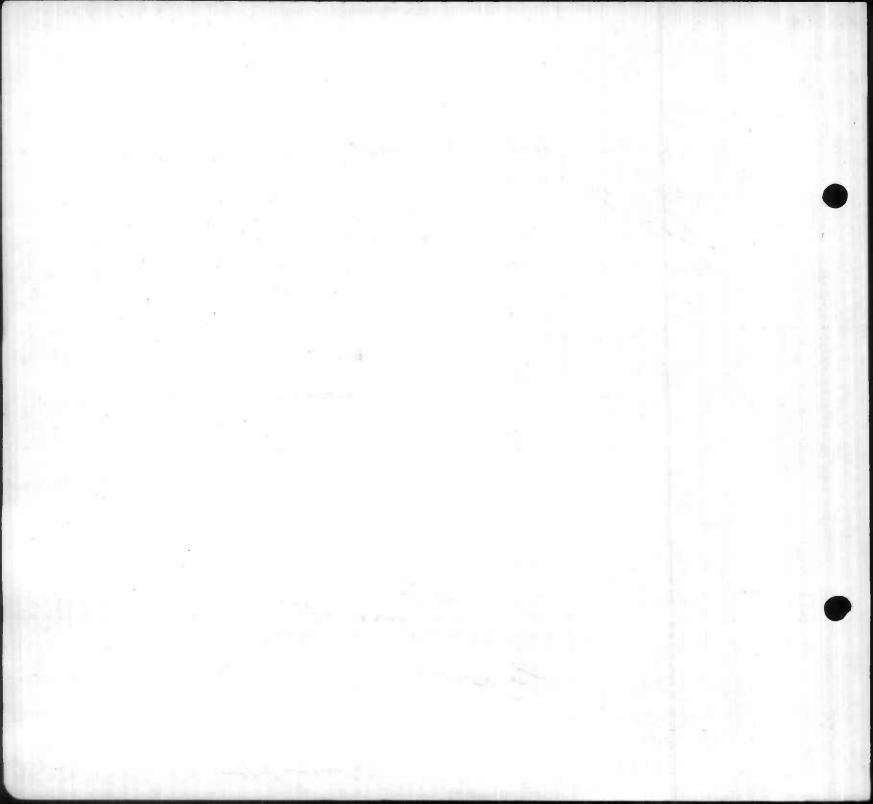
M.E. CASE N	DECEASED	1	CERTIFICA			HOUR OF DEATH	1	
Type or Print)	Radi	toing his	t-Marrion				7.65	
PLACE OF	DEATH IN BALTI	MORE MARYLAND			DENCE (Where	deceased lived. If	institution: residence	e betore odmissi
				A. STATE	B. COUNTY	11	-15	
HOSPITAL	OR (If not oddies	in hospital or institut s or location)	tion, give street	C CITY OF TO	yland	le city limite unite	RURAL and give	ownehin)
INSTITUTE				0		ie chy mans, whie	KOKAL OIIG GIVE	ownsnip)
	1 1/100	an Iland	tal of marge	D. STREET ADI	DRESS (If rui	ol, give location)		
/	Luinord	all Hash.	our of marge	2 5	72 8	olmons	on Que	
. SEX	A 6. RACE	7. MAR	RIED, NEVER MARRIED	B. DATE OF BIR		AGE (In years		. If Under 24 h
Fina	le Nen		OWED, DIVORCED (specify)		lo	st birthdoy)	Months Doys	Hours Min
	CCUPATION GIVE	kind of work 108 KIN	D OF BUSINESS OR INDUSTRI	SepT	5 -1906	58yrs	12. CITIZEN OF	
one during mo	ost of working life, eve	en if retired)		/	-	- 5. C	WHAT CO	
m		14	otth	Jamos			US	A
3. FATHERS		,		14. MOTHER'S	MAIDEN NAMI			
100	1ES /4	LITON		MARI	10%	U5.R)		
S. Wos Dece	ased Ever in U. S.	Armed Forces?	1 6. SOCIAL			0.00	ADDR	ESS
	nown) (If yes, give	wor or dotes of serv		JOHN !	BOATWA	27/	z Ednier	Deens A
NO		2	15-12-4990		CITATE	257		
1B. 3	3 / X H	260 X	CAUSE	OF DEATH				AND DEATH
DI	SEASE OR CONE							2 0
(This de		mode of dying.	e.g., DUE TO	e. V	9	••••	19	to have
heart fai	lure, asthenia, etc	. It means the disc	ease,					/
injury or	complication whi							
	ANTEGEDEN		(8)	la nut.	» (·		
	ANTECEDEN	T CAUSES		lypute	n. Lydefister	a dealer to	4	• • • • • • • • • • • • • • • • • • • •
	S OR CONDITI	T CAUSES IONS, if any, gi	ving		M. Sylapoter	a dealant	4	***************************************
rise lo	S OR CONDITI	T CAUSES IONS, if any, gi ause (A) slaling	ving	ly pula	n. Ly e govern	a diabet	4	
rise lo	S OR CONDITI	T CAUSES IONS, if any, gi ause (A) slaling	ving		n. System	A olia but	4	
rise lo UNDERL	the obove c YING CONDITIO	T CAUSES IONS, if any, gi ause (A) stating IN lost.	the (C)		n. Lysia	A dea boto	<u> </u>	
vise lo UNDERL OTHER	the obove c YING CONDITIO	T CAUSES IONS, if any, gi ause (A) stating IN lost. IDITIONS CONTRIBUTIONS TRELATED TO	the (C)		m Lyen	a dia buti	4	
O OTHER TO THE DISEASE	S OR CONDITION THE OBOVE C VING CONDITION III SIGNIFICANT CON E DEATH BUT	T CAUSES IONS, if any, giause (A) stating to lost. IDITIONS CONTRIBUTIONS TRELATED TO CAUSING IT.	UTING THE FOR WHICH OPERATION		5Y? (Yes or No)	20B. IF YES, WERI	FINDINGS CONS	DERED
VOITER TO THE DISEASE	the obove condition of the condition of	T CAUSES IONS, if any, gi ause (A) stating IN lost. IDITIONS CONTRIB! NOT RELATED TO CAUSING IT.	UTING THE FOR WHICH OPERATION		5Y? (Yes or No)	20B. IF YES, WERI		DERED ?
OTHER TO THE DISEASE	the obove condition of the obove of the obov	T CAUSES IONS, if any, giause (A) stating IN lost. IDITIONS CONTRIBINATION TO RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED	UTING THE FOR WHICH OPERATION 21B, PLACE OF INJURY (e.g.,	20 A. AUTOP	SY? (Yes or No)	208, IF YES, WERI IN CERTIFYING C	FINDINGS CONS	?
NOTHER TO THE DISEASE TO A COR CON DEATH (the obove c. YING CONDITIO SIGNIFICANT CON E DEATH BUT OR CONDITION E OF OPERATION	T CAUSES IONS, if any, gi ause (A) stating IN lost. IDITIONS CONTRIBL NOT RELATED TO CAUSING IT. 19B. CONDITION I WAS PERFORMED DERLYING J JSE OF	UTING THE FOR WHICH OPERATION	20 A. AUTOP	SY? (Yes or No)	208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONS	?
OTHER TO THE DISEASE OR CON DEATH (2) 21A. ACC	TRIBUTING CALD	T CAUSES IONS, if any, gi ause (A) stating IN lost. IDITIONS CONTRIBL NOT RELATED TO CAUSING IT. 19B. CONDITION I WAS PERFORMED DERLYING J JSE OF	UTING THE TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, company)	20 A. AUTOP in or obout 21 C. W	SY? (Yes or No)	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONS	?
NOTHER TO THE DISEASE OR CON DEATH (OF INJU)	TRIBUTING ALL	T CAUSES IONS, if any, giause (A) stating in lost. IDITIONS CONTRIBINATION TO RELATED TO CAUSING IT. 198. CONDITION I WAS PERFORMED DERLYING DEPLYING DE	UTING THE TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) 21E. INJURY OCCURRED While At Not Whi	20A. AUTOP in or obout 21C. W office bldg., INJUR	SY? (Yes or No) NO WHERE DID IY OCCUR?	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONS	?
TISE IO UN DERL	ES OR CONDITION THE OBOVE CONTINUE CONDITION EDEATH BUT OR CONDITION TO OF OPERATION CIDENT WAS UNE TRIBUTING CAL Notify medical example.	T CAUSES IONS, if any, gi ause (A) stating IN lost. IDITIONS CONTRIBL NOT RELATED TO CAUSING IT. 19B. CONDITION I WAS PERFORMED DERLYING J JSE OF ninet) TOYN (Year) (Hour)	TING THE TOTAL TOTAL	20 A. AUTOP in or obout 21 C. W office bldg., INJUR	SY? (Yes or No) VO WHERE DID Y OCCUR? OW DID INJUS	20B. IF YES, WERI IN CERTIFYING C (It in Boltimo	E FINDINGS CONS AUSES OF DEATH DIE City, give exoct	(locotion)
TISE IO UN DERL	SOR CONDITION THE OBOVE CONDITION SIGNIFICANT CONE DEATH BUT OR CONDITION TO FOR CONDITION TO FOR CONDITION CIDENT WAS UNE TRIBUTING CAL Notify medical example (Month) (DRY).	T CAUSES IONS, if any, giause (A) stating in lost. IDITIONS CONTRIBITIONS TO RELATED TO CAUSING IT. 198. CONDITION I WAS PERFORMED DERLYING DERLYING OF Inine! Oy) (Year) (Hous) s haspital) attended	JTING DTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) 21E. INJURY OCCURRED While At Not Which At Work led the deceased fram	20 A. AUTOP in or obout 21 C. Woffice bldg., INJUR	SY? (Yes or No) NO WHERE DID Y OCCUR? OW DID INJUS	20B. IF YES, WERI IN CERTIFYING C (If in Boltimo	E FINDINGS CONS AUSES OF DEATH DIE City, give exoct	locotion)
TISE IO UN DERL	SOR CONDITION THE OBOVE CONDITION SIGNIFICANT CONE DEATH BUT OR CONDITION TO FOR CONDITION TO FOR CONDITION CIDENT WAS UNE TRIBUTING CAL Notify medical example (Month) (DRY).	T CAUSES IONS, if any, giause (A) stating in lost. IDITIONS CONTRIBITIONS TO RELATED TO CAUSING IT. 198. CONDITION I WAS PERFORMED DERLYING DERLYING OF Inine! Oy) (Year) (Hous) s haspital) attended	TING THE TOTAL TOTAL	20 A. AUTOP in or obout 21 C. Woffice bldg., INJUR	SY? (Yes or No) NO WHERE DID Y OCCUR? OW DID INJUS	20B. IF YES, WERI IN CERTIFYING C (If in Boltimo	E FINDINGS CONS AUSES OF DEATH DIE City, give exoct	(locotion)
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BALTIMORE CITY HEALTH DEPARTMENT

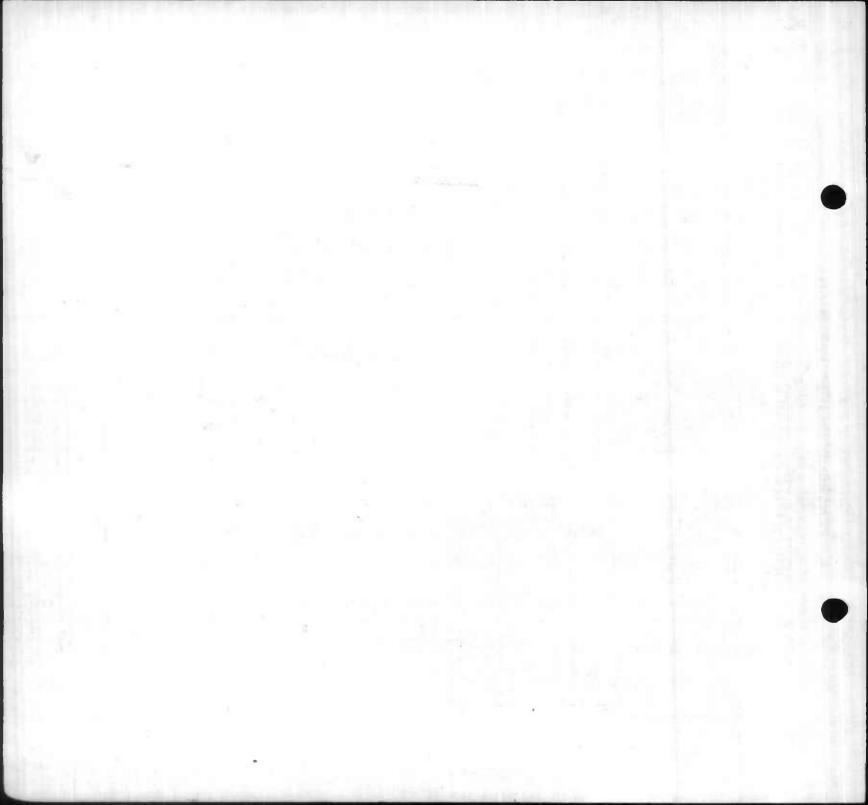
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JAN 28 1965 R.C.

25B. NAME OF

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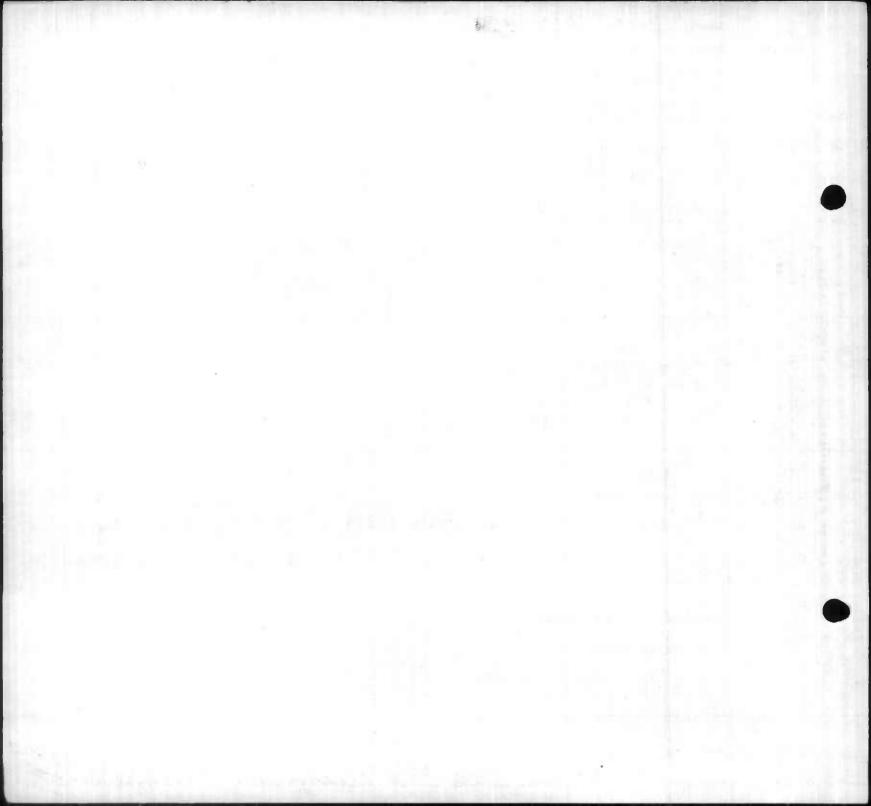
11 ~	_ 1		A BALTIM	MORE CITY	HEALTH DEPARTMENT		CF 4040
4-2		100	H NO. 65 1010 CER	TIFICA	TE OF DEATH	Registered Na.	65 1010
5		1, N	CASE NO. AME OF DECEASED or Print)		2. DATE AN	D HOUR OF DEATH	- 126-
0	P con		LACE OF DEATH IN BALTIMORE MARYLAND		II A USUAL RESIDENCE (When	7 Co / 6	PM. Istitution: residence before admission)
hospital	se of (5) Dec	3.	race of praint in parimons mannage		A, STATE B. COUN	TY	7 3 Sentition: residence before damassion)
0) 8		1	ULL NAME OF (If not in hospital or institution, give street oddress or location)		C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
0		1.5	O / / / C) / /		D //: 14	Lore	12
		/	Montesallo State Hosp, tal			As Loorth	Way
	mine gula sed mad	5. 5	EX 6. RACE 7. MARRIED, NEVER MARR WIDOWED. DIVORCED Marr Marr	(specify)	12/20/88	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
£	con re- ced		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR during most of working life, even it retired)	RINDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
0	(4) Under was in the dec	5	ecretary		Mil		U.S.
· · ·	was was the	13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME 7	
F	dire d; (4) ath v on th	1.5	martin Hoss		Emma		
IMPORTAN:	the kin dea dea	(Ye	Was Deceased Ever in U. S. Armed Forces? In or unknown) (If yes, give wor or dotes of service) SECURITY	5748	Marie L. Boo	ichat 3	SC High Ridge Ro
O	- 000		18.493X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
AP sid	de na		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	76	monory Con	gestion	
0	onon onon alme		(This does not mean the made al dying, e.g., beart laiture, asthenia, etc. It means the disease,	DUE TO	and and the services	70100-1	
R. en	fracture o prono gular a embalm		injury ar camplication which caused death.)	2	audimais.		
OTC MB	E _ E 0 A		ANTECEDENT CAUSES	DUE TO	RIA IVI CUM CI		
DIRECTOR:	X			(C)	Mik diri Birlam man fordi di sirik sirik sama risi dirisi ri wa wan 18 m m n n n m m m n n n n n n n n n n n	· = = 0 0 = = = = 0 0 0 0 0 0 0 0 0 0 0	00 0000 000 000 000 000 000 000 000 00
20 100	sy (Sy institute		UNDERLYING CONDITION last.				
- T	medical e y burns; (3 physician ian was ir	CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	~ hr	ova seula	- acci	dent /15/64
FUNERAL DII	a ody he sici	ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH?
FU	(2) (2) ph efor	CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctor DEATH (notify medicol exominer) 21B. PLACE OF IN home, form, foctor etc.)	NJURY (e.g., i	office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
b 6	hospita nature; ept who d (6) No ained b		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC		21F. HOW DID INJ	URY OCCUR?	
pevo	he hosiny natu xcept and (6)	>	(APPROX.) While At Work	Not Whill At Work			
	any (exc ; an		22. I certify that (1) (this hospital) attended the deceased	fram	2/20	1964 10	1965.
0			that (1) (we) last saw the deceased alive an			at in (my) (QUE) opi	nian death accurred on the date
å	dent of cospital death) must be		and haur and fram the couses stated above. (1) (Goldid)	(did nat) v	view the bady after death.		23 B. DATE SIGNED /
E SO	- S - S -		Tobell reland	M.D. Atte	ending Med. Director	Stoff Phys.	1/26/65
	was re An ac L at a prior		23 C. PHYSICIAN S NAME (Type)		23D. ADDRESS	11 (1-	4 11-
certificate	y was r 1) An a 3.A. at d d prior	244	Robert W. Ireland	M.D.	montepe	110 Stay	10 Hogo
t	S: (1)	ZAA	BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	TOP CRI	24D. LO	OCATION (C)	ity, to who, or county) (State)
	the body v shows: (1) was D.O.A deceased written ap	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	7 00	25C. FUNERAL DIRECTOR	74	ADDRESS ON
This	the b show was dece		JAN 28 1965 Pole & Secretary	Steel High	1 Withle	7.10.14.	O La don of the
		VS	50-REV. 1/1/65			T	- Julian Cil



FUNERAL DIRECTOR: IMPORTANT

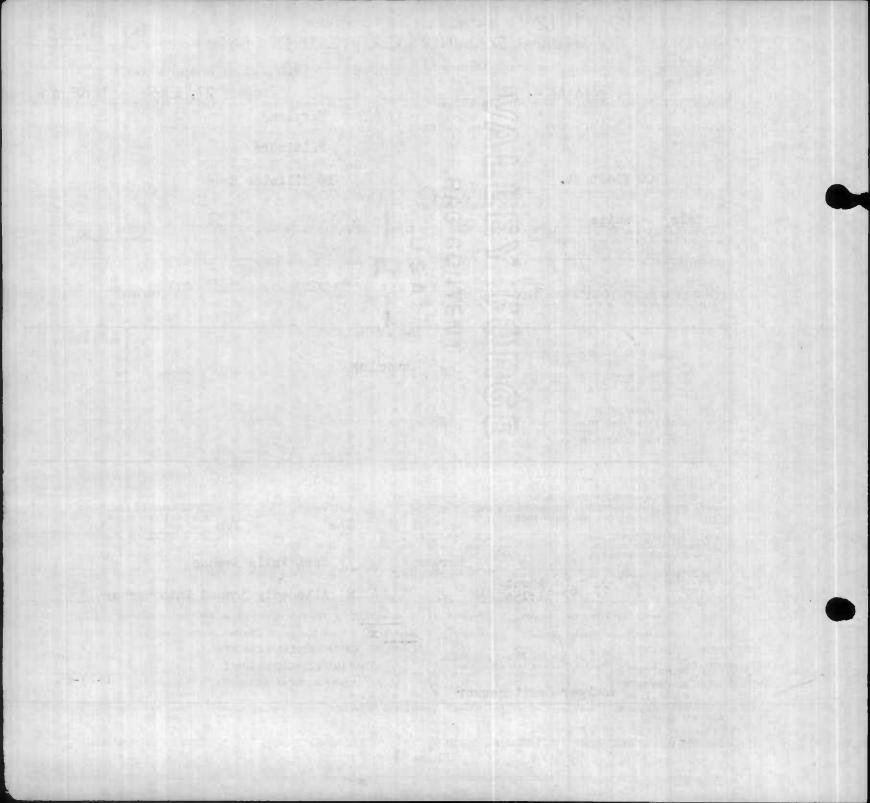
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(2-)	BALTIMORE CITY HEALTH I	DEPARTMENT	CE	
BIRTH NO. 65 1011	CERTIFICATE OF	DEATH Regis	itered No. 00 1	011
I. NAME OF DECEASED (Type or Print)	1.10 1	2. DATE AND HOUR	OF DEATH	00.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL	RESIDENCE (Where decorse	65 b	A M. before admission)
FULL NAME OF (If not in hospital or institution, g	A. STATE	Maryland	160	8
HOSPITAL OR oddress or locotion) INSTITUTION			imits, write RURAL and give to:	wnship)
MARY(ANI) GENERI	D. STREET	ADDRESS (If rurol, give	locotion)	
	NEVER MARRIED B. DATE O	OI WILDWOOD	nd DKy	V 11 1 24 11
	DIVORCED (specify)	28-06 lost birthde		If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY 11. BIRTHP	LACE (State or loreign country		LITBY2
done during most of working lite, even if retired)	1 W 3	alto, Md.	WHAT COU	C.
13. FATHER'S NAME	14. MOTH	ER'S MAIDEN NAME		
loseph HERR	n	on ?		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give wor or dotes of service)	6. SOCIAL 17. INFORM	TANT / / D	ADDRES	S
2	1620-0881 Day	ehter (Mrs Vor	othy Carpente	(R)
18. 4 3 4 1	CAUSE OF DEATH			L-BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) (mo	estive hear	f failing	
(This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. II means the disease,	DUE TO			***************************************
injury ar camplication which coused dooth.) ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, il any, giving	DUE TO	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		**************************************
rise to the above cause (A) stating the UNDERLYING CONDITION (ast,	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Manada
l l				
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	HICH OPERATION 20A. AL	TOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSID	ERED
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED			TIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 218. home	PLACE OF INJURY (e.g., in or obout 2 e, lorm, foctory, street, office bldg., II	IJURY OCCUR?	f in Boltimore City, give exact le	ocotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E,		F. HOW DID INJURY OCC	U R?	
(APPROX) While	e Al Not While At Work	3,		
22. I certify that (I) (this hospital) attended th		19 65	10 1-27	19 65.
that (1) (we) last saw the deceased alive an	1-2/19	and that in (my	(aur) apinian death accur	red on the date
and haur and from the causes stated abave. (1)	(We) (did) (did not) view the be	idy after death.		
23A. SIGNATURE Attending Med. Stoff Phys. Director Phys. 1-27				
100 1990VI - OVV			/ /	
NAME (Type)	23D. ADDRE	SS		
23C. PHYSICIAN'S NAME (Type)	00	ss		
TOO HYUN S	23D. ADDRE	24D. LOCATION	(City, town, or county)	(Stole)
24A. BURIAL CREMATION, 124B. DATE 24C.NA. REMOVAL (Specify)	M.D. 23D. ADDRE	240. LOCATION	So. med	- an
24A. BURIAL CREMATION, 124B. DATE / 124C. NA	M.D. 23D. ADDRE		So. med	(Stole)



VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 1012				
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
(Type of Print) WILLIAM J. GEARY	January 27, 1965 12:05 p M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mary Land				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Baltimore CATONSVILLE				
700 Fleet St.	D. STREET ADDRESS (If rurol, give locoson)				
5. SEX 6. RACE Z.MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
WIDOWED, DIVORCED (specify)	Months Doys Hours Min.				
male white 10A. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR)	111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired	WHAT COUNTRY?				
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1. Moans	(athoring Voulley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT				
(Yes, no or unknows), (If yes, give wor or dotes of service)	no me do tre ad la con livela				
IB. CALLS	OF DEATH SINTERVAL BETWEEN				
L 175 /	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wning				
(This does not meon the mode of dying, e.g., DUE TO	74.4.5.				
injury or complication which coused death.)					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OF CONDITION CAUSING IT					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes				
21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Harbor	in or obout 21C. WHERE DID (If in Boltimare City, give exact location) office bldg.,INJURY OCCUR?				
	East Falls Avenue				
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) 1 27 65 11:15a. WHILE AT NOT AT W	WHILE X Allegedly jumped into harbor				
22. I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, death in my opinion				
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S NAME (Type) Budiger Breitenecker ASSOCIATE MEDICAL EXAMINER					
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME 61 CEMETERY or CREMATORY 23D. LOCATION (City, town, co-compty) / (Stole)					
REMOVAL (Specify)	tedad Godo. 29. mal				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. EUNERAL/DIRECTORY				
JAN 28 1965 Robert E. Farky M. A.	11. 1/107/1 11/01/2/10/10				
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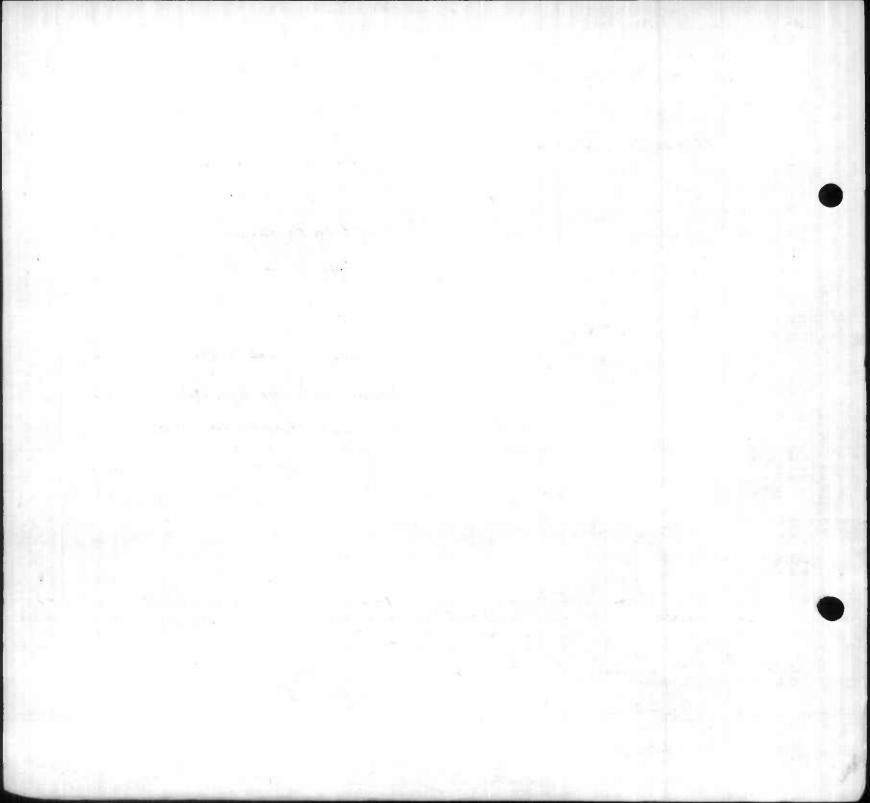
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hospital

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 1-25-65 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) (If rurol, give location) mad MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years 6. RACE If Under 1 Yr. Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY HPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) orth Cavolina USA HOUNUND 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotos of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriolar Nephrasclerosis
Chronic Glomery lumphritis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, (c) Chronic Rena) Failure with Urmic rise to the above cause (A) stoting the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc. MEDICA (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (this hospital) attended the deceased from.... that (N) (we) lost sow the deceased alive on 1-25 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. W (We) (did) (atd not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Altending Phys. Stoff Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Bernard 24A. BURIAL CREMATION, 24B. DAT (City, lown, or county) REMOVAL (Specify) decease 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF (Type of Frint) 3 PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased before odmission) lived. If institution: residence eath A. STATE (If not in hospital or institution, give street FULL NAME OF 0 HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION 0 prior D. STREET ADDRESS (If rural, give location) made. pde 1 5. SEX 9. AGE (In years MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours! Min. WIDOWED, DIVORCED (specify) lost birthdoy Months isposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which coused death,) em e ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) sloting the the remains UNDERLYING CONDITION lost, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from pe 19 that (1) (we) last saw the deceased alive an Z-AM) ...and that in(my) (aur) apinion death accurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Med. Stoff 40 approval Phys. Director 23 C. PHYSICIANS 23D. ADDRESS prior deceased written ap 24A. BURIAL CREMATION. DAT 24D. LOCATION

(City, town, or county) REMOVAL (Specify) 25A, DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65



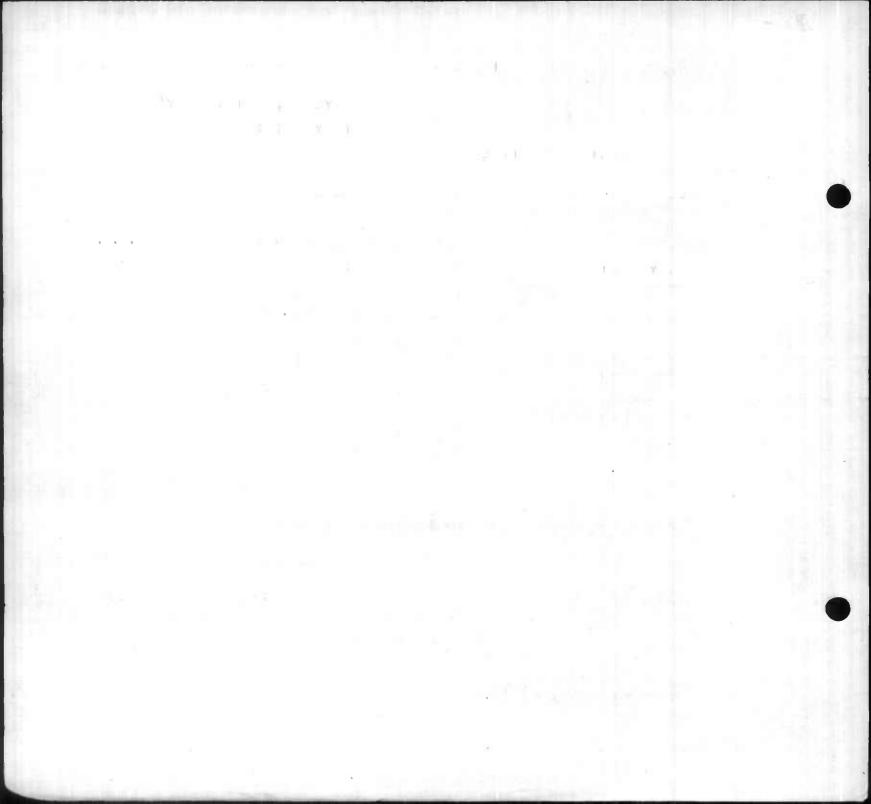
the Such of death (5) Deceased LO hospital death. attendance cause Undetermined cause; 0 0 = prior contributing occurred is made. regular deceased death disposition = 10 Was the direct (4) assistant if IMPORTANT uo death kind; or final the attendance any pronounced or his Also, embalmed of fracture ar chief medical examiner DIRECTOR: examiner. regu who are 3 _ physician the remains medical burns; Was FUNERAL physician the 0 before the 3 where to the hospital SNO. nature; approved by obtained 9 (except and any death); pe of hospital the body was released must accident This certificate must 10 approval 0 prior to was D.O.A.

deceased

shows:

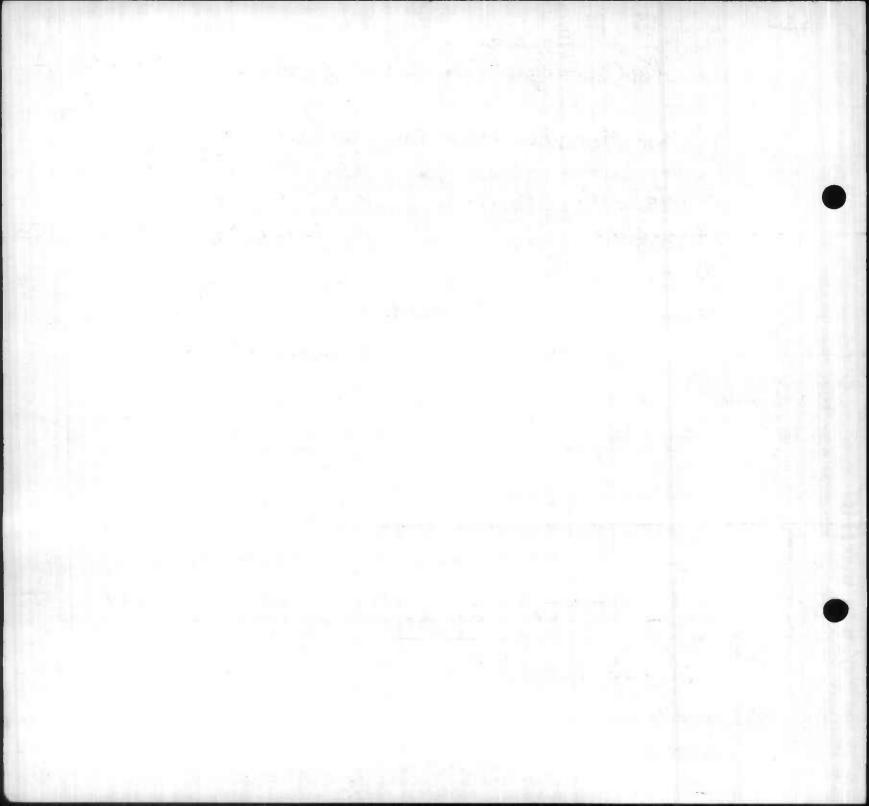
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Point) CLARENCE RO
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 1-24-65 4:10 CLARENCE ROBINSON 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belore admission) A. STATE B. COUNTY MARYLAND, SAINT MARY'S FULL NAME OF (Il not in hospital or institution, give street oddress or location) HOSPITAL OR (Il autside city limits, write RURAL and give township) INSTITUTION PINEY POINT D. STREET ADDRESS (If rural, give location) JOHNS HOPKINS HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8, DATE OF BIRTH 9. AGE (In years Il Under 24 Hrs. lost bigthdoy) WIDOWED, DIVORCED (specily) Months Doys Hours MALE NEGRO SEPARATED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pineu Point. Vaternan Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DA GROSS PERRY ROBINSON 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no ar unknown) (II yes, give war or dates al service) SECURITY NO. Piney Point. · I hompson INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC/ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, affice bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While Al Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in(my) (aur) apinián death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specily) Valley
25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Marks (enetery 258. NAME OF REGISTRAR

Larke Mattingley Leonardtown, Maryland VS 150-REV. 1/1/65

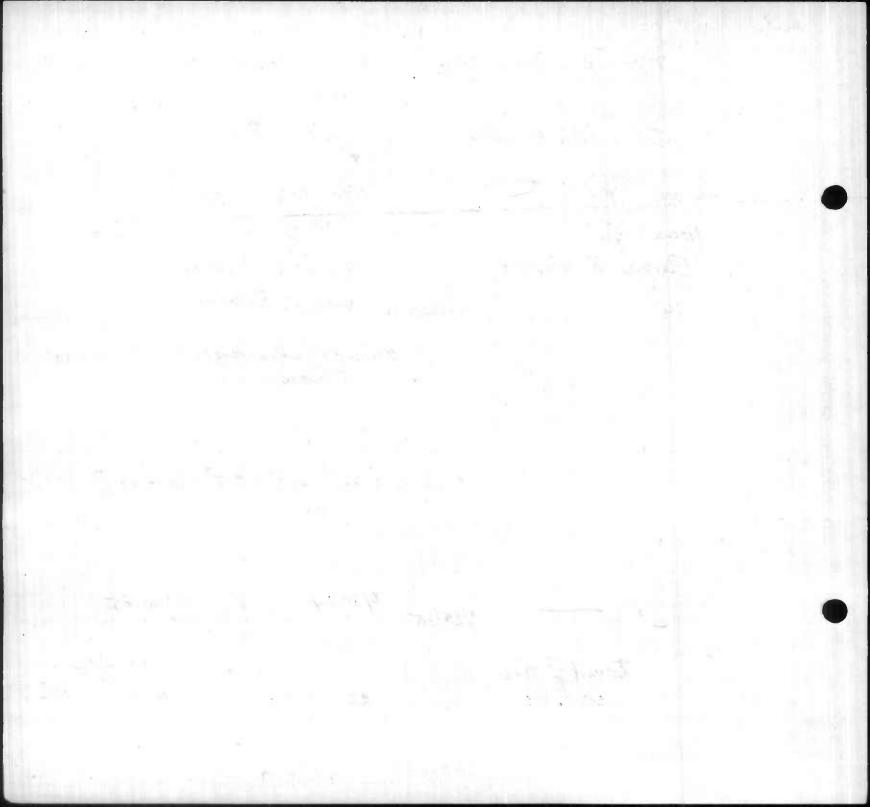


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	05 4040	BALTIMORE CITY HEALTH DEPARTMENT	65 1016	
	TH NO. 65 1016 E CASE NO. Em h a	CERTIFICATE OF DEATH	Registered No.	-
1. N (Ty) 3. 1 5. 9	PLACE OF DEATH IN SALTIMORE, MARYAND FULL NAME OF Oddiess or location institution, grand oddiess or location institution. Which Memorial Hospital or institution, grand oddiess or location. SEX 6. RACE 7. MARRIED, N	ve street Ve street	rurol, give location) 9. AGE (In years lost birthday) 12. CITIZEN OF WHAT COUNTRY?	M. 1)
15.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT / D.	o Posalecian - Appressi /	1
(Ye	(If yos, give wor or dotos of service)	SECURITY NO.	e 103quales 787 Clamse	la
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	CAUSE OF DEATH (A) Acute myocard DUE TO (B) Coronary atheros DUE TO (C)	al interval Between Onset and Death	****
MEDICAL CERTIF			20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	municipa.
	21A. ACCIDENT WAS UNDERLYING 218. P	PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID NJURY OCCUR?	(If in Boltimore City, give exact location)	
	21 D. TIME (Month) (Doy) (Yoor) (Hour) 21 E. I While (APPROX.) 22. 1 certify that (1) (this haspital) attended the that (1) (we) lost saw the deceased alive on.	edeceosed from Jan 19,1965	19 to Jake 24 19 65 at in(my) (000) apinion death occurred on the do	
	ond hour ond from the couses stoted obove. (1) 23A. SIGNATURE (1) 23C. PHYSICIAN'S NAME (Typo)	, ,	Stoff Dan 24, 1966	5
	REMOVAL (Specify) Buria 1-28-65 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	Parkingod Cemetery FREGISTRAR 25C. FUNERAL DIRECTOR	Balton (City, town, or county) (State)	
Ve	JAN 28 1965 Quest 1	E. tarley M. M. Hom C	Mules pu.	_
A 2	13V=NL 71 17 17 03			

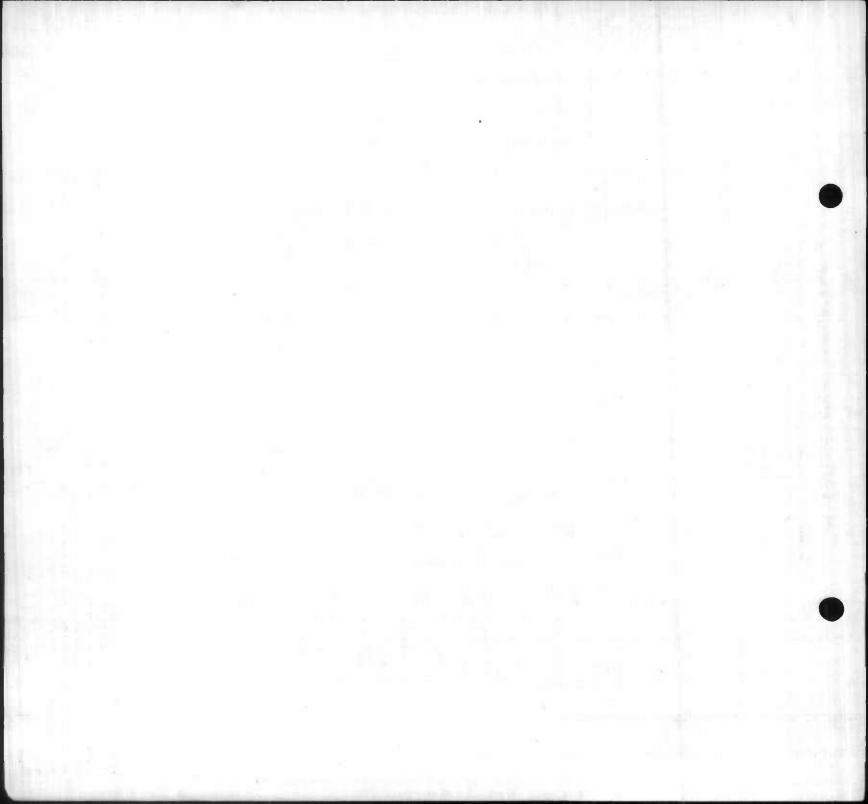


	BALTIMORE CITY	HEALTH DEPARTMENT		CF.
BIRTH NO. 65 1017 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 1017
I. NAME OF DECEASED	a Mae	Ch	.25) 1965	5115 Q. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or instituti	an give street	manylon	Q. Han &	ad.
HOSPITAL OR oddress or location)	t-	C. CITY OR TOWN (If outs	ide city limits, wife l	RURAL and give Jownship)
20 an To Roller State Hosp	dal	lonelo of	rord	62-00
10/01/nessee. outer.		D. STREET ADDRESS (If re	urol, give locotion)	
		Y		
Hemale While Wido	MED DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHILA CE (Stole or foreig		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		maryla	nd	USA.
13. FATHER'S NAME		14. MOTHER'S MAJOEN NAM	1E	
George Panhlon	7/	marlan &	Parken	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	cerknocen	Hospilal R	gceras.	
18. 4 0 0	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		T. DA.	11 0-	ONSE! AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	rleriosclaster	Hoors	7 Jeors.
heart failure, asthenia, etc. It means the dise		Desarra		1
	injury or camplication which caused death.)			
ANTECEDENT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
rise to the above cause (A) stating	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)			
UNDERLYING CONDITION last.	10/ 4400-411-4111-400			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING THE POLONO	from bosin c	2. A. P.	2 4
DISEASE OR CONDITION CAUSING IT.		[20A, AUTOPSY? (Yes or No)		
198. CONDITION FOR SPERFORMED	OR WHICH OPERATION	no	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exect location)
DEATH (notify medical examiner)	etc.)	nice blog., INJOKI OCCOK:		
21D. TME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
20 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	Work At Work	3/20/11		Harles
22. I certify that (I) (this hospital) attended	1/4 / 2	/ ./	9ta	123/65 19 ,
that (1) (we) last saw the deceased alive	/ - / - "		it in (my) (aur) apfi	nion Aeath accurred an the date
and hour and from the causes stated above	e. (I) (We) (did) (did nat)	riew the bady after death.		
23A. SIGNATURE			e. u 64	23B. DATE SIGNED
Nancel J. Day	M.D. Att		Stoff Phys.	125765
PHYSICIAN'S NAME (Type) Daniel G. Lei	M.D.	220/ argon	re Dreve,	Baltimore, ml
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ly, town, or county) (State)
Burial 1-28-1965	Slate Ridge		Delta, Per	nna.
	AE OF REGISTRAR	TAC. FUNERAL DIRECTOR	-01.04,101	ADDRESS
JAN 28 1965 R.C.	of E. Jankey M.A	A. H. Gard	mish	Delta, Penna.
VS 150-REV. 1/1/65	7	A 100 11 . 11		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT		0~
BIRTH NO. 65 1018 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	65 1018
1. NAME OF DECEASED		2, DATE ANI	D HOUR OF DEATH	
(Type or Print) Sister Aloremi de ST. A	mos Viel	1.26	. 65	1 3:15 P.M
Sister Noemi de ST. Ac	PACS AICE	4. USUAL RESIDENCE (Where	deceased lived. It is	1 3:15 P.M. nstitution: residence before admission)
		A. STATE B. COUNT	18	-11
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, givo streot	md.	0	0/
INSTITUTION Little Sisters of	The POOR	C. CITY OR TOWN (If outs		RURAL and give township)
1200 Valley ST		Baltimore		
11			-	
Baltimore, Md.		1200 Vall	- +	
5. SEX 6. RACE 7. MARI WIDO	RIED, WEVER MARRIED' DWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF
done during most of working life, even if retired)		FRANCE		WHAT COUNTRY?
Religious				France
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Cheophile Viel		PERRINA 6	BRILbourt	_
15. Was Deceased Ever in U. S. Anned Forces? (Yas, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL	17. INFORMANT	0,0,0,0,0,0	ADDRESS
(Tos, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	Little Sisters 9	the Poor	ADDRESS 1200 VAILEY St.,
18. 41. 2 0 1	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	,	0 0	1	ONSET AND DEATH
LEADING TO DEATH	(A)	ulmonary	1 eder	7 49
(This daes not meon the made of dying,	e.g., DUE TO	Chronie a		
heart failure, asthenia, etc. It means the dise injury ar complication which coused death.)	lose,	10	C 0 10	2
ANTECEDENT CAUSES	(B)	arome a	. D. C. A.T.	0
	001 10	Jens lit	-	
DISEASES OR CONDITIONS, if any, gi		tensilit	4	
UNDERLYING CONDITION last.	107		·	
			<u></u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	CUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(1(in Boltimor	e City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?		
0	215 10111124 6 6 6 1124	015 110 111 011		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work	,		2
22. I certify that (I) (this hospital) attend	ed the deceased from	11	9.12/10 1	an 26 1965
	14	1965 and the	V	17
that (I) (we) last saw the deceased alive	an	and tha	it in(my) (aur) api	inlan death accurred an the date
and haur and fram the causes stated abav	e. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Honly of	nkeed a M.D. AI		Stoll Phys.	1,22.65
23C. PHYSICIAN'S		23D. ADDRESS	,	
NAME (Type)	M.D	1212 111 Ba	ultimore	34
DR. StANley HARuda		, , , , , , , , , , , , , , , , , , , ,		41.,
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF C	REMATORY 24D. LO	CATION	ity, town, or county) (Stote)
(Burial 1/24/03)	Walkodhal	(18)	allmir	e.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 2001
10N 28 10G5 0 0	B- C FA. D. M.D.	Abillio VO	min di Ca	10 0000
JAN 60 1300 Upos	M C' demonition	1 July 116	wigosov	w Callins of
V\$ 150-REV. 1/1/65				



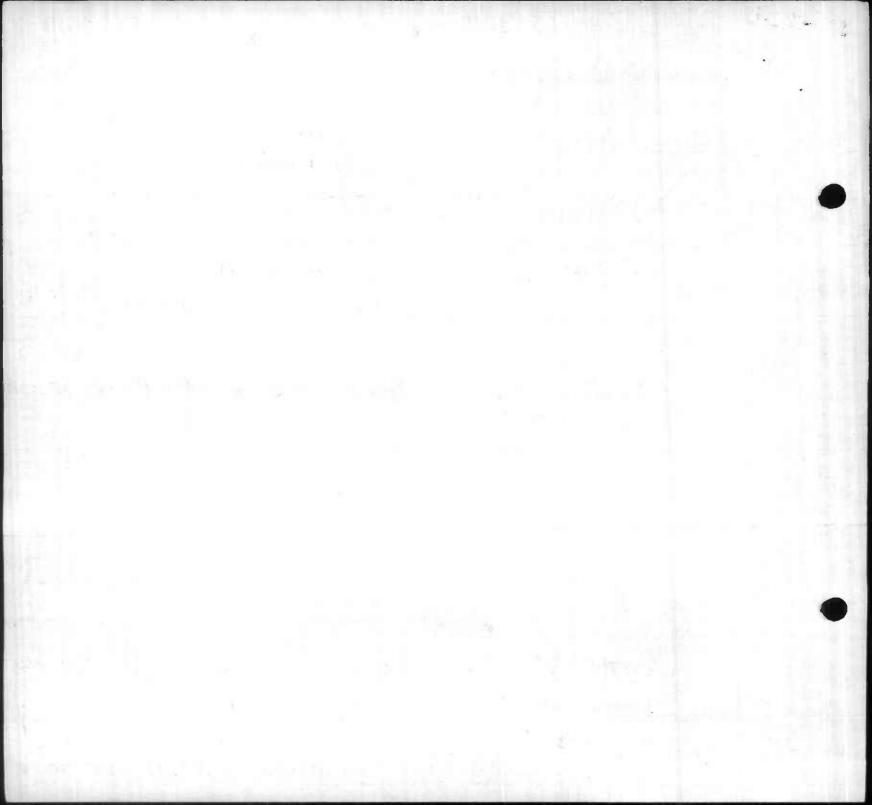
112 1	BALTIMORE C	CITY HEALTH DEPARTMENT
4 00	BIRTH NO. PERMY brancia 65 1019 CERTIFIC	CATE OF DEATH Registered No. 65 1019
death death ease n. th Sucl	1.NAME OF DECEASED	2, DATE AND HOUR OF DEATH
hospital and see of deatlessee (5) Decease and and death. Suc	(Type or Print) Kolik, Jolie Beth	1/27/65 9 d.
death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street, HOSPITAL OR oddress or location)	NEW JERSEY
	I NOITUTITZNI	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location)
		48 HILLCREST LANE
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 H
	Female White CHILD	6-12-63 1 7 15
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		PENNSULVANIA USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HARVEY KALIK	BARBARA BENNETT
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT WILLINGBORD, N. J.
		MR. HARVEY KALIK 48 HILLCREST LANE
	7.3	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Proumme al A.
	(This does not mean the made of dying, e.g., DUE TO	Take
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	Precennia 4day
	ANTECEDENT CAUSES (8) CL	Jani Fil Coregnital Hear Sixon 18m
	DISEASES OR CONDITIONS, if any, giving use to the above cause (A) stating the (C)	
	UNDERLYING CONDITION lost.	
	7	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
1	OR CONTRIBUTING CALISE OF home form foctory street	g., in or about 210. WHERE DID (If in Baltimore City, give exact location), office bldg., INJURY OCCUR?
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	Work AI W	Ork A
1	22. I certify that (1) (this hospital) attended the decreased from	January 26 1965 10 January 27 1963
	that(1) we) last saw the deceased alive on AIN () mou	7. 19. 65 and that in (my) (out) opinion death accurred on the de
	and hour and from the causes stated obove. (1) (We) (did) (did no	
	10.00 KON 0 M.D.	Attending Med. Stoff V
	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS
	NAME (Type)	D. THE JOHNS HOPKINS HOSPITAL
	24A. BURIAL CREMATION, 24B. DAT 24C. NAME of CEMETERY of	
	REMOVAL (Specify) REMOVAL 1/2 8/65 BETH MOSES	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	PINELAWN LONG ISLAND, NEW JERSEY 25C. FUNERAL DIRECTOR ADDRESS
	JAN 28 1965 (12 Poet 5 E. Tarkey)	SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

REMOVAL 1/2 8/65 BETH MOSES

25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRATION PLANTAGE PLANTAGE PLANTAGE OF PLANTAGE PLANTAGE PLANTAGE PLANTAGE PLANTAGE PLANTAGE

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

VS 150-REV. 1/1/65

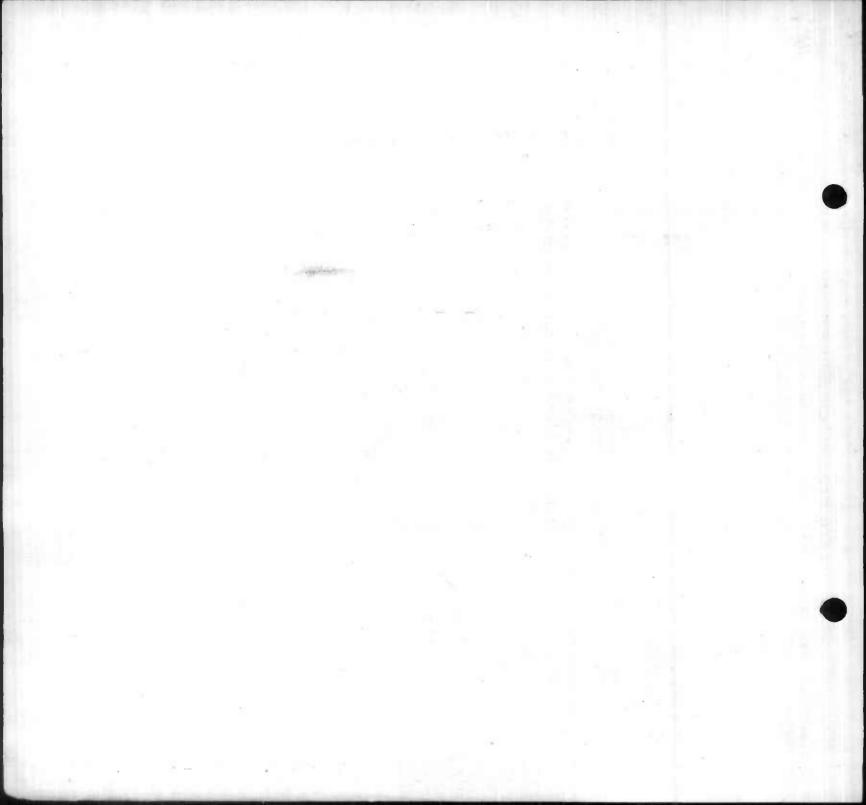


			BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. 65	102	20	CERTIFICA	TE OF DEATH	Registered Na.	65 1020
M.E. CASE NO.	EASED				D HOUR OF DEATH	
Type or Print)		T.HENDE	n c A N			11:15A N
3. PLACE OF DE	ATH IN BALTI	MORE MARYLAND	K 2 0 1	14. USUAL RESIDENCE When	e deceased lived. If insti	11:15A A
				A. STATE B. COUN	TY	1 5 2 52 00
FULL NAME O	F (If not	in hospital or institut	ion, give street	BALTO.	MD	0 -0
HOSPITAL OR	oddiess	s or location)		C. CITY OR TOWN (If out	side city limits, write KU	RAL ond give township)
	ROVIDE	NT HOS	SPITAL	BALTO. A	YD.	
				D. STREET ADDRESS (If	rurol, give location)	
	BALTS	. 17, M.D.		2507 CHE	ELSEA TO	ERRACE
. SEX	6. RACE		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
remale.	NEGI	(3 (1)	OWED, DIVORCED (specify)	11/25/86	lost birthdoyl 1	Months Doys Hours Min.
		W	DOWED OF BUSINESS OR INDUSTRY			10.00
one during most of			D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
			olic School	N.C. Stat	esville	U.S.
Teaché	VIE			14. MOTHER'S MAIDEN NAM	ΛE	
HE	NRY	TURNE	e	EllanJoh	nson	
5. Was Deceased	Ever in U. S.	Armed Forces?	1 6. SOCIAL	117. INFORMANÍ		ADDRESS
Yes, no oi unknown	(If yes, give	wor or dotes of servi	SECURITY NO.	ANN REED	2500 CH	ELSEA TERRAL
			213-14-0429	MEECE		
18.	0) 300 1	A FEMALES	CAUSE O			INTERVAL BETWEEN
DISEA	SE OR CONF	TON DIRECTLY			TERMINAL	ONSET AND DEATH
DISEA	LEADING TO		3	RONGITOPNEUM	CALIB	3 Ran
(This does r	nal mean the	mode of dying,	e.g., QUE TO	RCN CI+ G PNEUM		- 30
hearl failure,	asthenia, etc.	. II means the dise	ase,	7	THROMBUSIS	
injury or con	nplication whi	ch caused death.)		RESSIVE CERE		5 who
1	ANTECEDENT	CAUSES	DUE TO	7745	5 A3 PC 17 %	
DISEASES (OR CONDITI	ONS, if any, gi				
rise to the	e abave co	ouse (A) slaling				
UNDERLYING	G CONDITIO	N lost.				
	- 11					
OTHER SIGN	IFICANT CON	DITIONS CONTRIBL				
TO THE D	CONDITION	NOT RELATED TO	THE ARTERIOL	AR NEPHROS	CLERUSIS	UNKNOWN
19A. DATE OF		198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF		WAS PERFORMED		YES	IN CERTIFYING CAUS	SES OF DEATH?
21A ACCIDE	NT WAS UND	EDI VING	218. PLACE OF INJURY (e.g., in		YES	City, give exact location)
OR CONTRIBI	JTING 🗌 CAU	SE OF	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	tii iii adiiitiidie t	city, give exact location/
DEATH (notify	medical exam	ninei)	etc.)			
21 D. TIME	(Month) (Do	oy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME			While At - Not While	e		
(APPROX.)			Work Al Work			
22. I certify	that (1) (this	s hospital) attend	ed the deceased fram	Du 26 1	19 64 ta	25 19 65
						an death accurred an the dat
			e. (1) (Wa) (did) (did act) v		ar mility) (557) aprili	an death accorred an the gar
23A. SIGNATU		-5503 213160 000V	(-/ (/ (G/G/ (G	ton the budy utter dedth.	1	38. DATE SIGNED
			M.D. Atte	ending Med.	Stoff -	
1 del	and o	Smoot	Dr. D M.D. Phy		Phys.	1/27/15
23 C. PHYSICIA NAME (T	IN'S		/	23D. ADDRESS		
IAMIASE / I	1201					

ROLAND 3817 COPLEY SMOOT M.D. BALTO. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 1/30 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Cemetery Baltimore Maryland

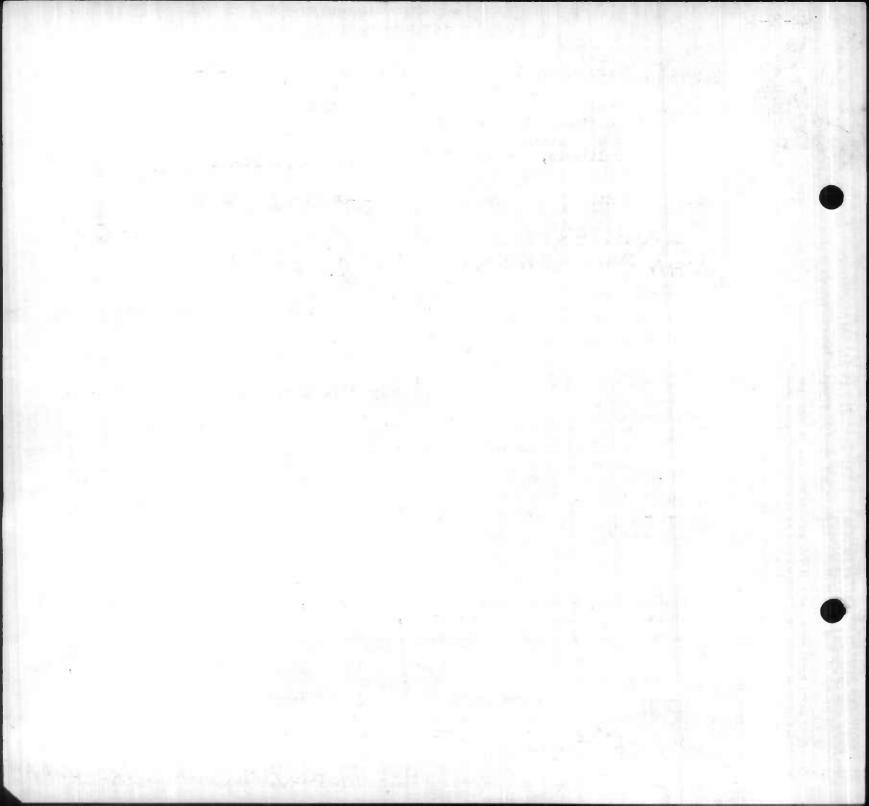
25C. FUNERAL DIRECTOR ADDRESS

M.A. Herbert E. Nutter-3035 W. North Mt. Auburn 25B. NAME OF REGISTRAR Rebert E. Farber M.A. 25A. DATE REC'D BY HEALTH DEPT. 28 VS 150-REV. 1/1/65



edg:

65 1021	BALTIMORE CI	TY HEALTH DEPARTMENT		65 1021
BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered Na.	TO TOOL
M.E. CASE NO. 1. NAME OF DECEASED SKI (Type of Print) Henry Zaporski 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ENRYJ3AP	OPOWSH 14. USUAL RESIDENCE (Wher	D HOUR OF DEATH	
FULL NAME OF HOSPITAL OR INSTITUTION INSTITUTION INSTITUTION (If not in hospital or institution, gooddress or location) Baltimore City Ho 4940 Eastern Aven	spitals	Baltimore	26-0	RURAL and give township)
Baltimore, Maryla	nd 21224	3722 Hudson 1		
		3-1-1-1884	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) ABORFR	BOSINESS OK INDOSI	Poland 14. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY?
JOHN BAPOROWS K		JOSEPH		
(Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT)/O E+	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH	740 Lastern	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease.	(A) B)	ronchopneumonia		l week
injury or complication which coused death,) ANTECEDENT CAUSES	(B) CO	ongestive Heart Fa	ailure	2 years
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1	Renal Failure		2 weeks
1-20-65 1-21A. ACCIDENT WAS UNDERLYING 1218.	f Left foot	20 A. AUTOPSY? (Yes or No	yes	USES OF DEATH?
	e, form, foctory, street,	office bldg., INJURY OCCUR?	III IN POINTMO	e City, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour) 21E.	e At Not W		URY OCCUR?	
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an	e deceased from January 21,	January 12, 1	19 65 to Ja at in(my) (aur) ap	
and haur and from the causes stated abave. (I)	,		Stoff rea	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Pohort C		23D. ADDRESS	Stoff Phys. 2122	January 21, 1965
Robert C	ME of CEMETERY or			ity, town, or county) (State)
BURIAL 1-2365 ST	STANK F REGISTRAR	LAUS CEM 6.	575BO	STON ST. MD
JAN 28 1965 P. O. B. E. Fall VS 150-REV. 1/1/65	2. M.B	Marie Fil	alkousk	I SIKENWOOD AI



B

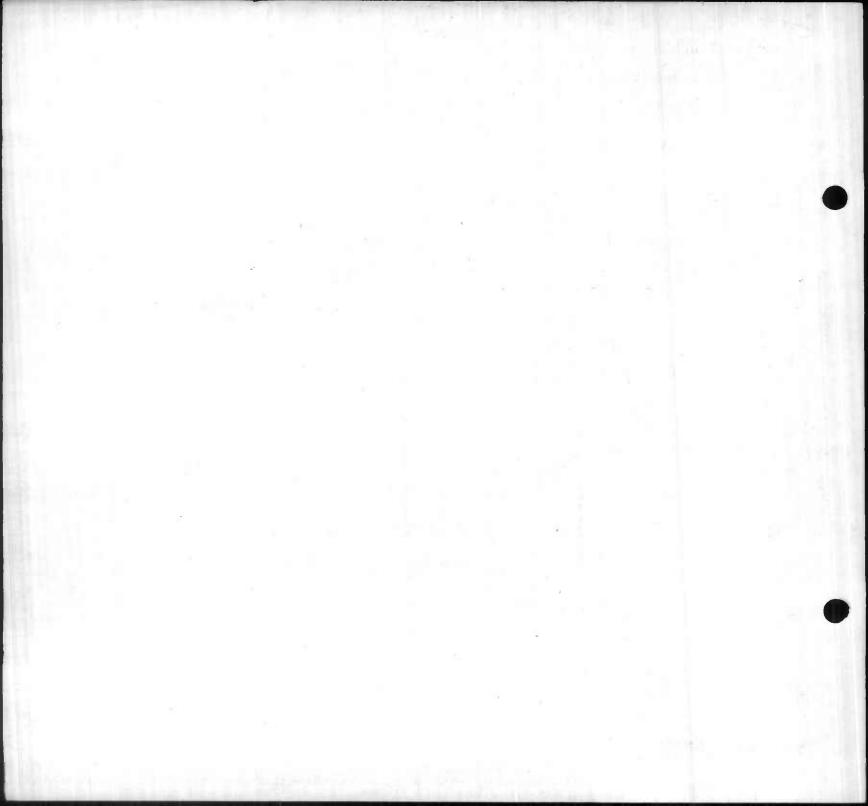
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1000	BALTIMORE CIT	TY HEALTH DEPARTMENT	C5 4000
NRTH NO. 65 1022	CERTIFICA	ATE OF DEATH V Registered No	. 65 1022
N.E. CASE NO.		2. DATE AND HOUR OF DEAT	
BIShap JEA	NN E I	9AM 1-28.	, 63
PLACE OF OEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE Where deceased lived. If	institution: residence before admission
		A. STATE B. COUNTY	n Of
FULL NAME OF (II not in hospital or inst	itution, give street	Md. Baltimore	Bull
HOSPITAL OR oddress or focotion)		C. CITY OR TOWN III outside city limits, writ	e RURAL ond give township)
INSTITUTION			52-11
1 14		Pandallstown 21133	00-00
Luthuan Haspital of	Mary land.	D. STREET ADDRESS (II TOTAL, GIVE TOCOTTON)	
		9124 Bengal Rd	
. SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Femule white wi	DOWED, DIVORCED (specify)	Non (3003 lost birthdoy)	
remute unit		May 6, 1921 45 year	17
OA. USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
Office Clerk A.	& P. Food	Killingly, Conn.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UaDaNa
Unknown		Rose	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		ADDRESS
Yes, no or unknown) IIf yes, give wor or dotes of s	ervice) SECURITY NO.	Raj	ndallstown, Md.
	041-18-9462	Mr. Charles A. Bishop 93	124 Bengal Rd.
1B. 17/ X	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	r		ONSE! AND DEATH
LEADING TO DEATH			
	(A)(a of Cervin C melas 7	6.600
(This does not meen the made of dying heart failure, asthenio, etc. If meens the d	, e.g., DUE TO		
injury or complication which caused death)		
		0 to 17	-
ANTECEDENT CAUSES	DUF TO	the first fisher	
DISEASES OR CONDITIONS, if any,	aivina	Recto vagnal fistala	
rise to the obave cause (A) staffr	in the	hloudens	
UNDERLYING CONDITION lost.	10/	[]	
_ long to the long			
OTHER SIGNIFICANT CONDITIONS CONTR			
DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 19B. CONDITION	LEOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E EINDINGS CONSIDERED
WAS PERFORME		IN CERTIFYING	CAUSES OF DEATH?
WAS PERFORME		NO	
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID Ilf in Bolting	nore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, loctory, street,	office bldg., INJURY OCCUR?	,, 8
DEATH (notify medical examiner)	etc.)		
Q 21D. TIME Month) (Doy) (Year) Hou	17 21E INJURY OCCURRED	215 HOW OLD INJURY OCCUPA	
S OF INJURY		21F. HOW OID INJURY OCCUR?	
(APPROX)	While At Not W		
	Work At Wo	rk 🗀	
22. I certify that (1) (this hospital) atte	nded the deceased from	19 65 10	10.2 2 1961
that (I) (we) last saw the deceased ali-	ve an	2 8 19 6 1 and that in (my) (aur) a	ipinian death accurred on the d
and haur and from the causes stated ab			
	Coo (i/ (i/e/ (uiu/ (uiu nor/	TION THE DULY UTIET LEGITI.	
23A. SIGNATURE	12		23B. DATE SIGNED
	M.D. A	Attending Med. Stoff Phys.	
1 / X	Juan P		
23 C. PHYSICIAN'S	/	23D. ADDRESS	
SIROOS GERAL	T /	Took because IV	
SLINUS GERAL	11 / M.C	Lutheran Hoppital	
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (Stote)
REMOVAL (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,
Burial 2/1/65	Raltimore Met	lonel n-144	Wa
Burial 2/1/65 5A. DATE REC'D BY HEALTH DEPT. 25B. P	Baltimore Nati	Lonal Baltimore,	ADDRESS
	and the state of t	TO TO THE COME OF	o all
JAN 29 1965 (1) O	TO TO TOWN	Holen, Brown & 128 Let	sels al madelle
NO.	300	1	1 11

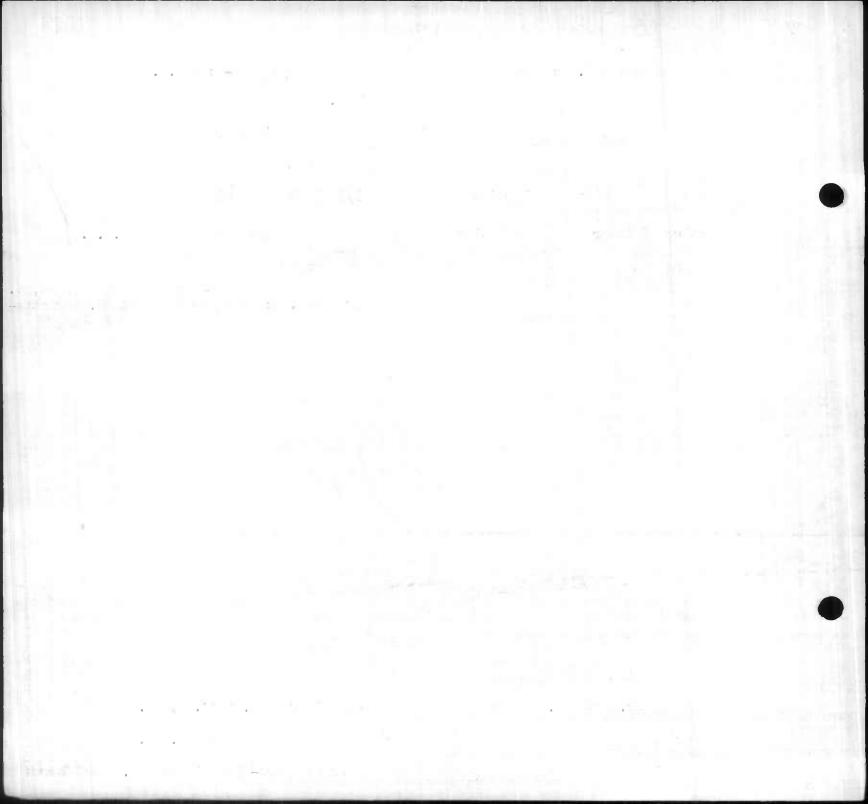
The section of the section .

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 1023	BALTIMORE CITY	HEALTH DEPARTMENT		65 1023
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	1020
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) BARBARA	M. CIS		28, 1965	1230 A. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion; residence before admission)
FULL NAME OF (If not in hospital or institution, gr	ve street	mol.	2.	5-05
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write RURA	AL ond give township)
		Balto Ci	tu	
1413 Church St	11	D. STREET ADDRESS (If ru	rol, Gryle locotion)	20ne 26
		14/3 Chw	rck st	1
WIDOWED	DIVORCED (specify)		AGE (In years If Mest birthdoy)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
J. W. Wido	wed	Oct. 20, 18 17	85	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign		2. CITIZEN OF WHAT COUNTRY?
Housewelo		Checoslovaki	a	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
charles Vaclar of	edja	marie		
	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	Mrs, Rose Brac	dshaw 14.	13 Church
18. 44 9 0 . 1 1	CAUSE O	FDEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11-	t. 10-1	dla 4	OHISE AND DEATH
LEADING TO DEATH	DUE TO	Chockus	n Heckell	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the discose,	00110	week.	1 11	
injury ar camplication which coused death.)	(B)	arcon Heart	distance	
ANTECEDENT CAUSES	DUE TO	1 1	111	***************************************
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	of Mari	skel Circlan	Interves	
UNDERLYING CONDITION Iosi,	Westings Solder	& M		*****************************
11		Δ /	1 . 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		16 1 4 10-6	to lette	
DISEASE OF CONDITION CAUSING IT.	Much	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FIND	DINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED	HICH OPERATION	ZUM. AUTOPST? (Tes of No)	IN CERTIFYING CAUSES	S OF DEATH?
U 21 A. A CCIDENT WAS UNDERLYING 121 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	()f in Boltimore Ci-	ty, give exact location)
OR CONTRIBUTING CAUSE OF home etc.)	e, form, foctory, street, o	ffice bidg., INJURY OCCUR?		
U	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUP?	
OF INJURY	e At Not Whi			
(APPROX.)				
22. I certify that (1) (this hospital) attended th	e deceased fram	my 19 19	6 t 10 Jan	2 K 19 665
that (I) (we) last saw the deceased alive an	1/79/	19 65 and that	t in (my) (our) aplniar	n death accurred an the dat
and hour and fram the causes stated abave. (1)	(We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	-0	1		B. DATE SIGNED
Samuel Rule	Cly & M.D. Att	ending Med. Sirector P	toff Phy s.	1128/65
23C. PHYSICIAN'S NAME (Type)		200 100000	atapsco Ave	nue
Samuel Rubin,	M.D.		nore, Md. 2	
	ME of CEMETERY of CR			own, or county) (Stote)
REMOVAL (Specily) 2/1/6.5	oly Cros	S A	A. Co. M	D
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	d	25C. FUNERAL DIRECTOR	/1, -, ///	ADDRESS
JAN 29 1965 (2.0. A.	2 7. n. us		K-14 2: 91	07 Eastern av
VS 150-REV 1/1/65	C. MONDANTHA	ymin, Jidl	MUNICACO	of assum an

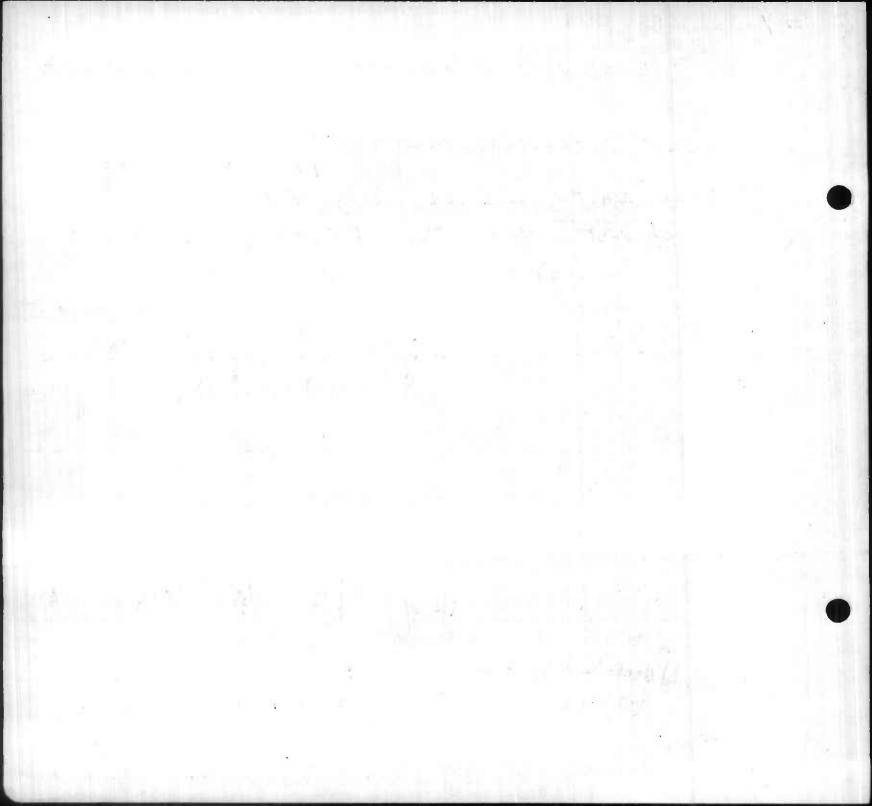


		BALTIMORE C	TY HEALTH DEPARTMEN	T	
BIRTH NO.	55 1024	CERTIFIC	ATE OF DEATI	H Registered No	. 65 1024
M.E. CASE NO.	CEASED		2. DAT	E AND HOUR OF DEAT	Н
(Type or Print) 3. PLACE OF DI	Robert S. McL	eren RYLAND		26/65 -2:45 p Where deceased lived. If OUN TY	M Northution: residence before admission
FULL NAME HOSPITAL OR		or institution, give street i)		Baltimore If outside city limits, writ	te RURAL and give township)
	Sinai Hospita	al	D. STREET ADDRESS		55-00
5. SEX	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	of working life, even if retired)	Painting		foreign country)	12. CHIZEN OF WHAT COUNTRY?
13. FATHERS NA			14. MOTHER'S MAIDEN Unknown		
15. Wos Deceose (Yes, no or unknow No	od Ever in U. S. Anned For vn) (It yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Ernest H. M	Box 82 McLaren Wards	A A Chapel Rd. Marriott
V OTHER SIGN TO THE DISEASE OF	ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) nG CONDITION lost. II NIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING I	ONTRIBUTING TED TO THE	ASC VD		
19A. DATE C	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF		office bldg., INJURY OCCU		note City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E, INJURY OCCURRED While At Not Work At Wo	/hile	INJURY OCCUR?	1 , , , , ,
that (1) (we	e) last saw the decease and from the causes stat	od alive on		d that in (my) (aur) o	pplnion death accurred an the da
23A. SIGNAT	IAN'S	M.D.	Attending Med. Phys. Director [23D. ADDRESS	Stoff Phys.	238. DATE SIGNED 27/65
REMOVAL	Dr. Morton J. REMATION, 248. DATE (Specify)	Ellin M. 24C. NAME of CEMETERY or	CREMATORY 24	Rd. Batt. 2	Md. 21/33 (City, town, or county) (Stote)
Burial 25A. DATE REC	D BY HEALTH DEPT.	Lake View Memo:	rial	Baltimore Co	. Md.
	JAN 29 1965	Robert E. Jankey M.	Loring Bye	rs-8728 Libe	rty Rd.Randallstown
VS 150-REV. 1/1	/65			War and the second	



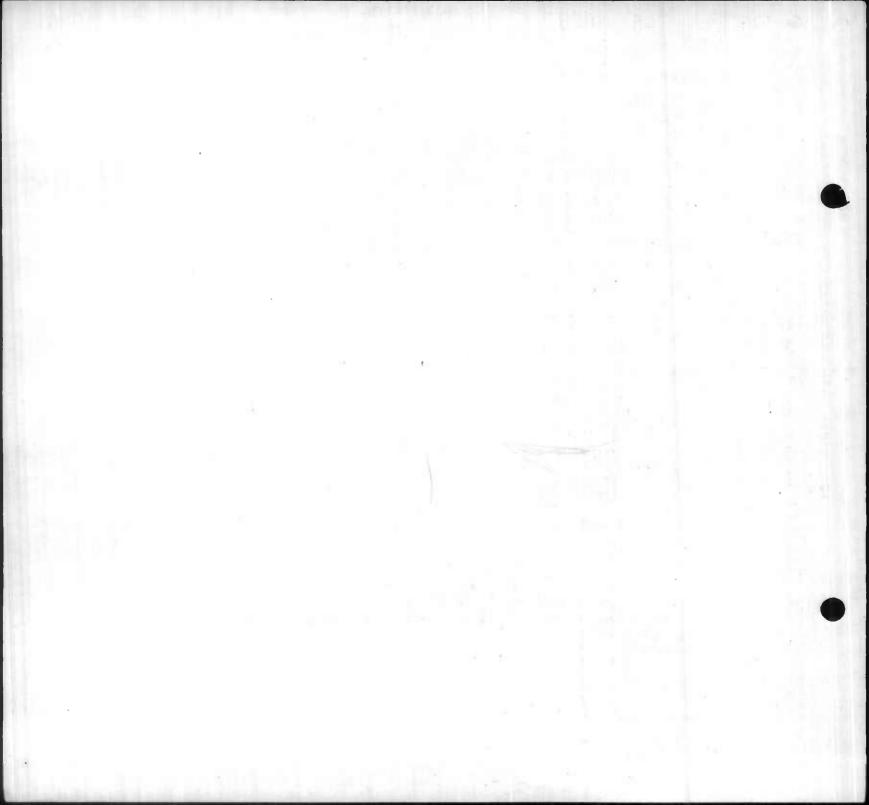
	0F 409F	BALTIMORE CITY	HEALTH DEPARTMENT		
- 11	ыкти но. 65 1025	CERTIFICA	TE OF DEATH	Registered Na.	65 1025
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	MINZLA	4. USUAL RESIDENCE (Where		3:30 A. M.
	S. FLACE OF DEATH IN SALIMORE, MARILAND		A. STATE B. COUNTY	1	non: residence before odmission)
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN (Il outside	de city limits, write RURA	AL and give township)
	INSTITUTION HOUSE IN	1 - 0 -=	BALTING	A STATE OF THE STA	
	2525 W. BELVED	ERE MUE	D. STREET ADDRESS (If rur	rol, give location)	Aug
0	5. SEX 6. RACE 7. MARR	TED, NEVER MARRIED	B. DATE OF BIRTH 19.	AGE (In years If	Under 1 Yr. If Under 24 Hrs.
is mad	Ma1 - 1- + WIDO	WED, DIVORCED (specify)	Sulua 1887 10	st birthdoy!	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)		11. BIRTH LA DE (Stote or foreign	i country) 12	2. CITIZEN OF WHAT, COUNTRY?
isposition		chive Shop.	GERMAN	4	4-5.A
100	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
77	Ynknown		Unk.	NOUN	
5 II	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
=	NO NONE	212-01-9020	Theoder KELLE	1SEN 329	
0	DISEASE OR CONDITION DIRECTLY	CAUSE O	DE DEATH		ONSET AND DEATH
peu	LEADING TO DEATH	(A) Yes	Lemma Zund	Merra	16 gears
palm	(This does not meen the made of dying, heart failure, asthenia, etc. It means the dise				
emp	injury or camplication which caused death.) ANTECEDENT CAUSES	(8) (47	the selecte	elo, O.	(Ochland
	DISEASES OR CONDITIONS, if any, give	DUE TO			
s are	rise la the abave cause (A) slating UNDERLYING CONDITION last.	_			
2	11				
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			111000
9	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND	INGS CONSIDERED
before the remains	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
for	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore Cit	ty, give exact location)
	DEATH (notify medical examiner)	etc.)			
ained	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJUI	RY OCCUR?	
btai	(APPROX.)	Work Al Work		15 110	115
90	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	112 41	19.05 and that	in (my) (aus) anining	death occurred an the date
ا م	and haur and fram the causes stated above			m(my) (dor) aprimali	i death occorred an the date
must	23A. SIGNATURE			231	B. PATE SIGNED
	(aul Schfold	M.D. Att	ending Med. Si Director Pl	toff hy s.	127165
Λο.	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
approval	Paul Schonfeld	M.O.	2301 Annapolis		re 30 Md.
	REMOVAL (Specify)	C. NAME of CEMETERY OF CR	,		own, or county) (State)
1	BOP AL 1-30-65	MT, OLIV	E/ BA	+LTIMORE,	MARYLAND.
written	JAN 29 1965 (R.C.)	BE FarberM.A	25C FUNERAL DIRECTOR	miller 211	of Frederick av
	VS 150-REV. 1/1/65	4	MACHECO TY:	7/2000	11/Legender of the

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

07 1000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
ыктн но. 65 1026	CERTIFICA	ATE OF DEATH	Registered No.	65 1026
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	21 alen	2. DATE AN	D HOUR OF DEATH	11 25
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	LIOVER	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. II i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR address ar location)	on, give street	C. CITY OR TOWN (If auts	side city limits, write	Z 6 -0/ RURAL and give township)
14311011014		Baltino D. STREET ADDRESS (1)	ze or location)	
5411 mayrew-	are	-1110.		are
Temple white W.	VED, NEVER MARRIED WED, DIVORCED (specify)	11/3/1886	AGE (In years ast birthdoy)	If Under 1 Yr. II Under 24 Hrs. Manths: Days Hours Min.
dane during most all working life, even if retired)	there Co.	11. BIRTHPLACE (Stote or fare)	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	9	14. MOTHERS MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	_	mrs D. Em	ma Hora	ent above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Lymphosa	ma Hora reom a	INTERVAL BETWEEN ONSET AND DEATH 6 12 V/S
(This does not mean the mode of dying, a heart foilure, asthenio, etc. It means the disec injury or complication which caused death.)	o.g., DUE TO	7 1		1
ANTECEDENT CAUSES	(B)	10000000000000000000000000000000000000	マ 新春花 (1) 中間 (1) で マ で 日本 (1) 中で (1) かかか (1) で (1) かかかかか (1) かかかかかかか (1) で (1) かかかかかかかかかかかかかかかかかかかかかかかかかかかかかかかかかかか	
DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stating UNDERLYING CONDITION lost.	41		0 P P P 0 0 0 P 0 1 P 0 1 P 0 P 0 P 0 1 P 1 P	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, lactory, street, etc.)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locotian)
	21E. INJURY OCCURRED While At Not Wh Work At Work		JRY OCCUR?	
22. I certify that (1) (this hospital) attended			9.63.to	1-26 1965,
that (I) (we) lost saw the deceased alive of	1 - 19 -	19 6 5 ond the		inion deoth occurred on the date
and hour and fram the couses stated above	. (1) (We) (did) (dld not)	view the body ofter deoth.		23B, DATE SIGNED
Jun Hen	M.D. At	ys. Director	Stoll Phys.	1-28-65
23 C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		
	nno	5002 Frankford		Baltimore Maryland City, tawn, or county) (Stote)
Burial 1/30/65	Woodlawn	Cem. 7	boodlan	m md.
JAN 29 1965	BE Talley MA	25C. FUNERAL DIRECTOR	owan + So	n Inc Holling
V\$ 150-REV. 1/1/65				27 Sept.



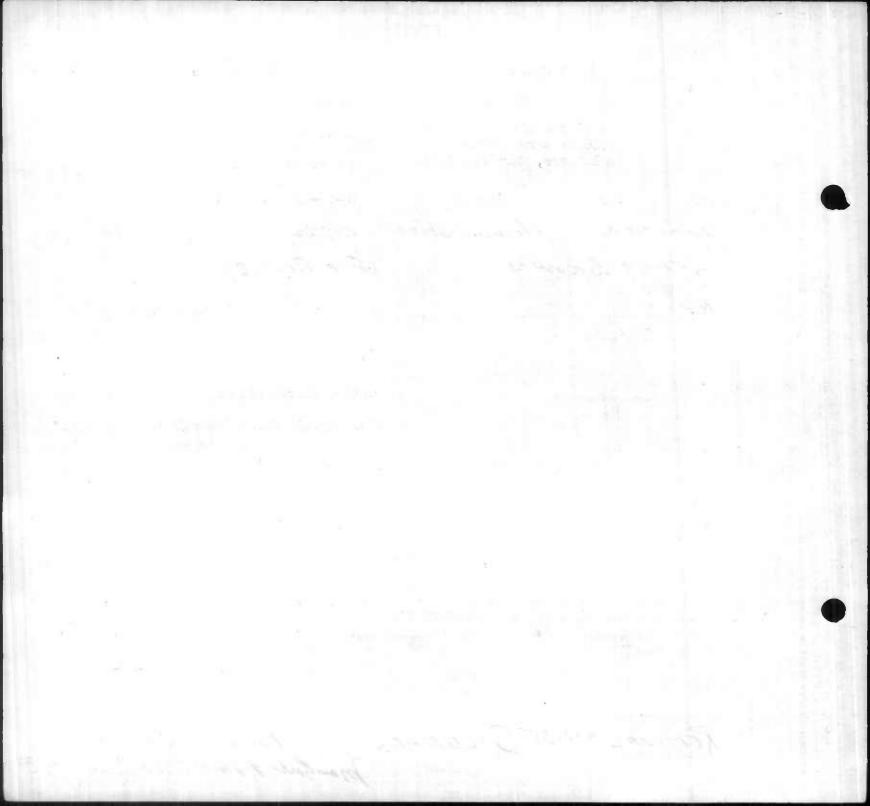
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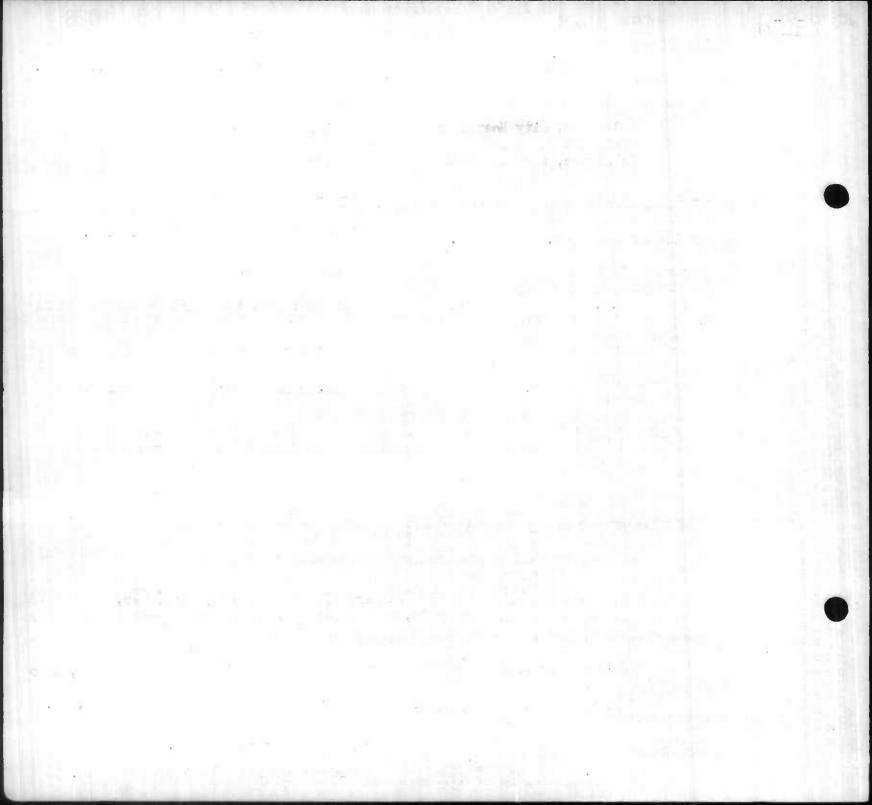
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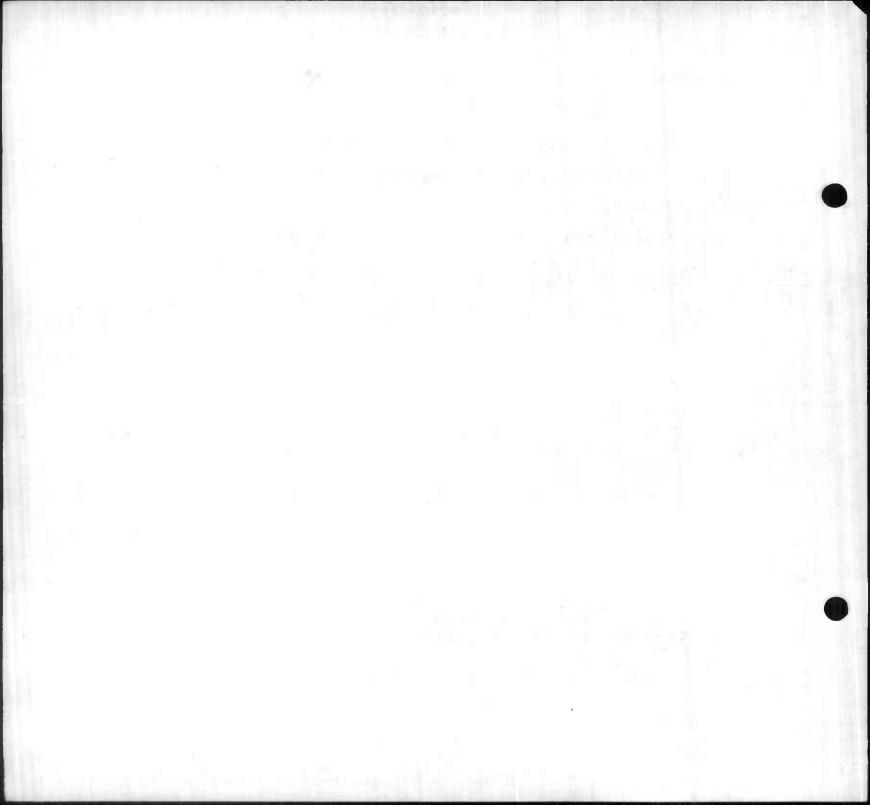
BALTIMORE CITY HEALTH DEPARTMENT 1027 65 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) January 27, 1965 4:30 James Brown 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS RECORDS: BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 45 min. 4 vears (C) Arteriosclerotic Cardio Vascular vears Disease days 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct locotian) January 27. and that In(my) (our) apinion death accurred on the date 23B, DATE SIGNED 1-27-65 (City, town, or county) 63 OLE MAN 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



			BALTIMORE CITY	HEALTH DEPARTMENT		65 4600
BIRTH NO.	65 1028		CERTIFICA	TE OF DEATH	Registered Na	65 1028
M.E. CASE NO					AND HOUR OF DEATH	1
(Type or Print)	John L	aubach		Janu	ary 25, 1965	10:30 P. N
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived, II	institution: residence before admission)
FULL NAM	E OF (If not in hospital	ar institution,	give street	Maryland	Baltimore	
HOSPITAL O	OR oddress or location	n)				RURAL and give lownship)
	Baltimore,		-	RURAL:	Bradshaw	53-00
	4940 Easter: Baltimore,			Jerrico Ro	(If rural, give lacation)	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	White	WIDOWEI Ma:	D, DIVORCED (specify) rried	2-10-28	36	Months Doys Hours Min.
	CCUPATION (Give kind of work t at working life, even it retired)	10B. KIND 0!	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
	e Station Oper.	Self	Emro	Maryland		U. S. A.
3. FATHER'S	NAME		Tanto.	14. MOTHER'S MAIDEN	NAME	
Chris	tian Laubach		4	Catherine	Sraver	
5. Was Dacen	sed Ever in U. S. Armed Far awn)(If yes, give war ar date	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	DI avel	ADDRESS
Yes	W.W.#2		217-24-3091	RECORDS: E	CH: 4940 East	tern Avenue #21224
1B.	50 X 1		CAUSE O		7,77	INTERVAL BETWEEN
DIS	EASE OR CONDITION DIS	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		\ MI	ral Vascular	Accident	62 Hours
	s nal mean the mode af ure, asthenia, etc. Il means					
injury ar	camplication which coused		Proba	ble Aneurysm	(Berry)	Unknown
	ANTECEDENT CAUSES		DUE TO		***************************************	
	OR CONDITIONS, if the abave couse (A)		(6)			
	ING CONDITION lost.	olding in	1 6/			ON V & VYTTON OF MANY OF MAY BE A VYTTON OF A SECUNDARY OF OT A SECUNDARY OF THE SECUNDARY
_						
OTHER SIGN	GNIFICANT CONDITIONS CONDEATH BUT NOT RELA	ONTRIBUTING THE	G IE			
DISEASE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	Nol 208 IF YES WEDE	SINDINGS CONSIDERED
19A. DATE	WAS PER		WITCH OFERATION	Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCI	DENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or about 21C. WHERE DI	D (If in Boltimo	Les ne City, give exact location)
T DEATH (no	RIBUTING CAUSE OF botify medical examiner	hon etc.	ne, form, factory, street, al)	fice bldg., INJURY OCCU	! ?	
OF INTURY	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	,		ile Al Not While	e 🗂		
	ify that (I) (this hospital	Wo		niawr 25	65 Ton	nary 25. 10 65
	ity that (I) (this hospital we) last saw the decease				19 65 to Janu	
						oinion death accurred an the date
	and from the causes stat	ted abave. (l) (We) (did) (did nat) v	iew the bady after dec	ith.	
23A. SIGNA			M.D. Atte	ending Med.	Stoff 🐷	23B. DATE SIGNED
00.0.0.000		revans	Phy:	s. Director	Phys.	January 25, 1965
NAMI	E (Type)	IA 1		23D. ADDRESS	llong of	
	pileus	1-10	evers M.D.			4 Baltimore, Md.
REMOVA	CREMATION, 24B. DATE	24C. N.	AME at CEMETERY of CRE	MATORY 24	D. LOCATION (City, town, or county) (State)
Buria	1/29/6	65 Gar	den Of Faith	Cemetery	Baltimore Md	•
25A. DATE REG	C'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
	JAN 29 1965	Wohal	C. Janen	Lassahn Fu	neral Home 74	OI Belair Rd. 36
VS 150-PEV 1	/1/65					



	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 1029
BIRTH NO. 65 1629	CERTIFICA	TE OF DEATH	Registered Na	1023
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print)	EDWARD	1)	AN 25 196	55 10 10 HS AM
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND ND	4. USUAL RESIDENCE (W	here deceased lived. If inst	titution: residence before odmission)
FULL NAME OF (If not in haspital or in-	stitution gue street	Marula		53-00
HOSPITAL OR address or location)	motion, give sneet	C. CITY OR TOWN (II	outside city limits, write RU	JRAL and give township)
	11	Reveal	- graziel	E, Md.
Unwersely Harpi	tel		(If rural, give location)	
		Herevo		.O. Woodstock Mil
	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MW	Married	8/17/91	74	
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	neign country)	12, CITIZEN OF WHAT COUNTRY?
Monument DeAlex	Stone	MARYlAN	1	U.S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
George Zepp		Emma HI	bright	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no opunkna will life yes, give wai br dates of	1 6. SOCIAL	17. INFORMANT	017971	ADDRESS
(1 es, no of unknown) (if yes, give wal of dates of	SECURITY NO.	Wife	Lano	ax decered
118. 44 0 0 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI	ν			ONSET AND DEATH
LEADING TO DEATH	(A)	Uyocardial	ichar etias.	? laur
(This does not mean the made of dyin heart foilure, asthenia, etc. It means the	ig, e.g., DUE IU		The same of the sa	
injury or camplicolian which coused deal				
ANTECEDENT CAUSES	(B)		Tri-d 5-b (5-b) (1-7-7 papp) - manuspapapapa	
DISEASES OR CONDITIONS, if any,	giving			
tise to the above couse (A) state UNDERLYING CONDITION lost.	ng the (C)		88 8 T T B B B T T T T T T T T T T T T T	10111011
11				
O OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	Na) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
a colorate was the same and	lore en	140	06.1 8 10	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(It in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Day) (Yeor) (Ho		21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (I) (this haspital) att	ended the deceased from	Jeneury 25	1965 to Se-	mary 251965.
that (I) (we) last saw the deceased al		25 19 65 and	that in (my) (aur) anini	ian death accurred an the date
and haur and from the causes stated a				an addin accorded an ine date
23A. SIGNATURE	bove. (1) (we) (ala har)	view the bady after death		23B, DATE SIGNED
Barres N Ranch	M.D. At	tending Med.	Stoff	11-5/-
23C. PHYSICIA DYS	Ph Ph	ys. Director 23D. ADDRESS	Phys.	123/63
NAME (Type)			. To How	tal
Barry N. Rose	and the second s	C-rucos	uly 10 ya	was
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CE	REMATORY 24D.	LOCATION (City	town, at county) (State)
BURIA 1-28-65	Granite Fresby	terian Cemeter	Granite,	Ballo ls. IId.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECT	9R 11.01	ADDRESS MA
JAN 29 1965 (1)	best E, Jane	Zuther N	Harabt &	Lykesirelle, Tha.
VS 150-REV. 1/1/65			1	1



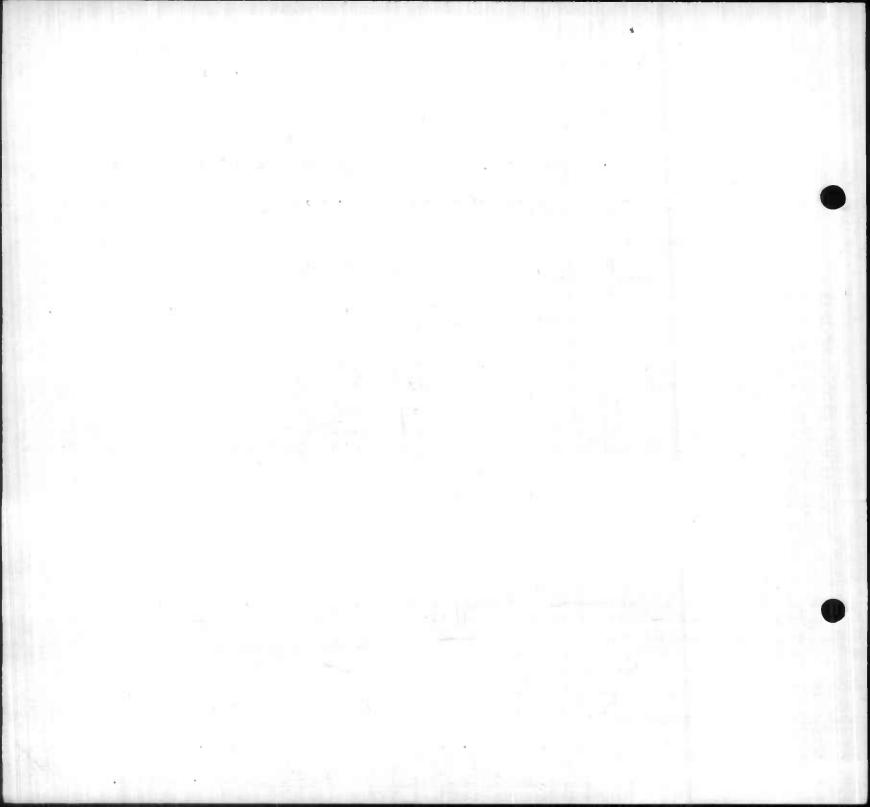
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V\$ 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		65 1000
BIRTH NO. 65 1030	CERTIFICA	TE OF DEATH	Registered Na	00 1030
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
(Type or Print) BeTT Y L. KNISK	_	J	an. 28, 1965	M
3. PLACE OF DEATH IN BALMMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address ar location)	street	C. CITY OR TOWN (If outs	ide city limits, write RU	JRAL and give township)
		Baltimore		
120 W. Lafayette Ave		D. STREET ADDRESS (IF I	ural, give location) AFRICTTE	Ave.
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, E	DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU			n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) Housewife At Home	9	Virginia		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .	
Tsaac Short		Arbelia Ales	hire	
200	SECURITY NO.	17. INFORMANT		ADDRESS
No	SECORITI NO.	Mrs. Leonard Fo	ltz 120 W.	Lafayette Ave
18. 174 X 1	V 7 \ . E & I	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	2/6	Pari .	to:	disci And Death
(This does not mean the mode of dying, e.g.,	3 3	arinoma Co		
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	EXAMINERS	Meruiz Co	rucet.	
ANTECEDENT CAUSES	(B) (B) (C)	tracture	LT. Hep	7 200
DISEASES OR CONDITIONS, if ony, giving	4 4 -	Pathological	Traclives	2
rise to the above couse (A) stoting the UNDERLYING CONDITION last.	SE Z	Liver Weton	han i	1 410
	0 6 3			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WIN	Sample of A	(20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., i form, factory, street, a	in or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
0	JURY OCCURRED	21F. HOW DID INJU	Inv Occiles	
(APPROX.) While		le 📉	JRT OCCOR:	
22. I certify that (1) (this hospital) ottended the	deceased from	Dec. 1	964 to Ja	u .28 19 65
that (1) (we) last sow the deceased alive on	1/26			
ond hour and from the causes stated above. (1) (Wo) (did not)	view the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
K- Krullerk	M.D. Att	ending Med. Director	Staff Phys.	1/28/65
23C. PHYSICIAN'S NAME (Type)	+	23D. ADDRESS	10 W - W = 4	- SI (,) MS
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CR	FMATORY 124D 16	CATION (City)	town, or county) (Stote)
REMOVAL (Specify)		TIRM.		, lower, or country (3101e)
Burial 1 30 65 S	t. Pauls	25C. FUNERAL DIRECTOR	ma, Va.	ADDRESS
JAN 29 1965 Relate	- Jacker M. A.	Me Cully	130 E. For	

Cully

130 E. Fort ave.



OF	A	8	7, 0	3	4	
65	-	8	30	3	1	

	GO	1001		BALTIMORE CITT REAL				00	TOOT	
BIR	TH NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICAT	E OF D	DEATH Regist	ered No		
_	E CASE NO.									
(Ťy	Pe or Print)			MOODE			HOUR PRONOUNG	CED DEAD		-
2	DI ACE IN BAL	JESSIE		MOORE			y 27, 1965	*** **	11:10	
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		deceosed lived. If in:	UNTY	idence before o	omi s sic
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	c. city or tow	yland N (If outside	corporate limits, wri	PURAL o	ond give towns	hip)
			14-7		Bal	timore	/-		/	3 1
	P	rovident Hosp	itai		D. STREET ADDRE	ESS (If rurol,	give location)			
							sylvania Av			
5.	SEX	6. RACE		DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birth by)	If Unde Months	or 1 Yr. If Under Doys Hours	er 24 H
	Male	Negro			Oct. 21	1912	52			
		UPATION (Give kind of work working life, even if retired)	JOB KIND O	F BUSINESS OR INDUSTRY		tate or foreign	country)		EN OF	
GOI	ie during most of	working the, even it remed)	Ele	vator Dispatch	her Hous	ton ,Te	exas	*****	AT COUNTRY:	
13.	FATHER'S NAM		1		14. MOTHER'S MA	IDEN NAME				
		George Mo	ore		Rosie	Horton	1			
15.	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRES	S	
116	s, no or unknown	in yes, give wor or dote	s of service	460-07-2051	Mrs. Ma	e Mod	re ,2122	Penna.	Ave.	
H	18.	13/		CALLSE	OF DEATH		-		INTERVAL BI	FTWEEN
	4-68			CAUSE	OI DEATH				ONSET AND	
	DISEA	SE OR CONDITION DI		Rheum	natic Heart	t Disea	Se.			
	(This does	not meon the mode of	dying, e.g.,	DUE TO						
	injury or co	e, osthenio, etc. It meons implication which caused	de oth.)							
		ANTECENDENT CAUSE	9							
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO	********************				•	******
	RISE TO THUNDERLYI	TE ABOVE CAUSE (A) ST	TATING THE						100	
Z	1			(C)						
CERTIFICATION		11		LINE WAR		HE Y				
S	TO THE	DEATH BUT NOT REI							E BA	
H	DISEASE C	OR CONDITION CAUSING	IT.	A000000 * AA00000 A00 A00 A0000						
CER	19A. DATE O	F OPERATION 19B, CON WAS PERI		WHICH OPERATION			20B. IF YES, WERE FIN CERTIFYING CAU		EATH?	
با	EPC-07	AL CAUSE WAS	los o	DI A CE OF INITION	Yes	UEDE DID (If the Block and			es
EDICA	UNDERLYING	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	It in Boltimore City,	give exoct l	ocotion)	
Σ	21D TIME	(Month) (Doy) (Year) (Hour) 2	21E. INJURY OCCURRED	21 F. HO	M DID INTR	RY OCCUR?			
	(APPROX.)			WHILE AT NOT W	WHILE ORK					
	22. I cer	rtify that I held an I	nquiry 🗌	Inspection Aut	apsy X and	that an thi	s basis, death in	my apinia	n	
	resu	Ited from: Natural car	ISBS X	Accident		e U	ndetermined man	ner 🗌		
				Julian Julian		DICAL EX				
	ACTUA	L ()/	- 1	1/0					DATE SIG	GNED
	SIGNAT	1	alles	J Tally M.D.	ASSISTANT ME				1/28/6	55
	NAME (Type) Char	les S.	Petty, M.D.	ASSOCIATE ME	DICAL EX	AMINER			
	BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (Cit	y, town, or	county)	(Stote)
	MOVAL (Specific Burial	fy)								
2.4		2/2/6		Baltimore Nat			Balto. Ma	ryland		
24	A. DATE KEC'D	BY HEALTH DEPT.	D D	of REGISTRAR	24C. FUNERA				ADDRESS	1
		OUIL 72 1202	Howal) C' domaching	Mortor	n & Dye	tt Funeral	Home	Inc.	V

Morton & Dyett Funeral Home Inc.

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(2) Body

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approval

(4) Undetermined cause; (5) Deceased

and

a hospital

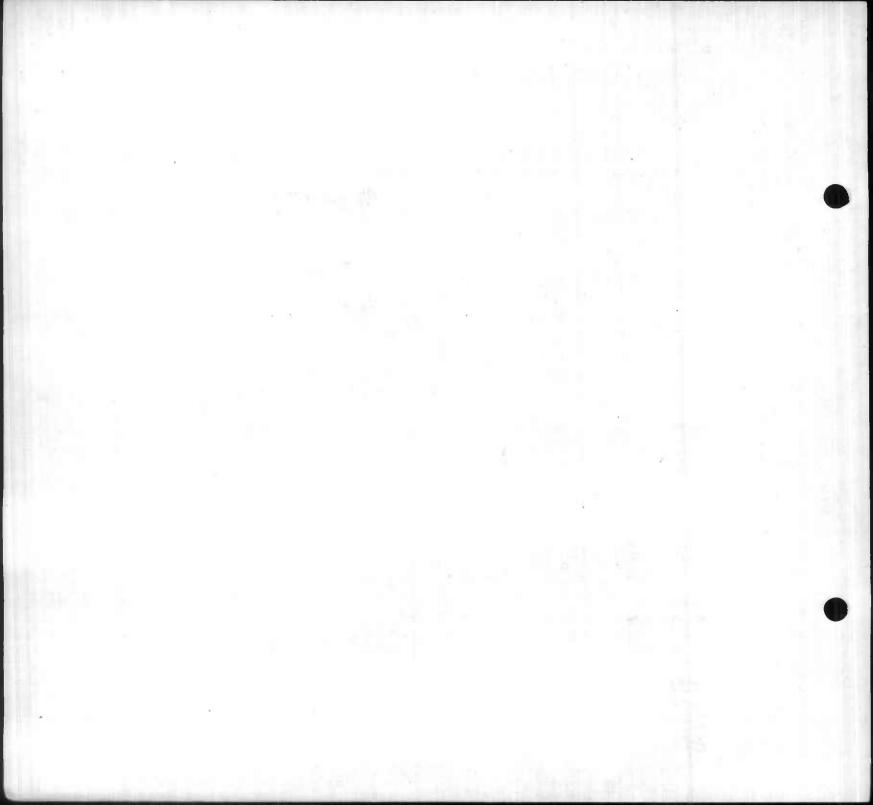
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ROYSTER, CRYSTAL A.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Imore FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township INSTITUTION D. STREET ADDRESS (If rural, give location BSWEGO, Avenue B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years WIDOWED, DIVORCED (specify) N der 12. CITIZEN OF IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) WHAT COUNTRY? done during most of working life, even if retired) U. 5.17 MANT 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt foilure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION - 20A. AUTOPSY? (Nes) or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ruptured in testine 1.124165 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC obtained (Month) (Doy) (Year) 1 (Haur) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work ond that in(my) (our) opinion death occurred on the date that (I) (we) last saw the deceased alive on i a graph and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED CH. AdrB M.D Med. Director M.D. Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Lu Theran 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

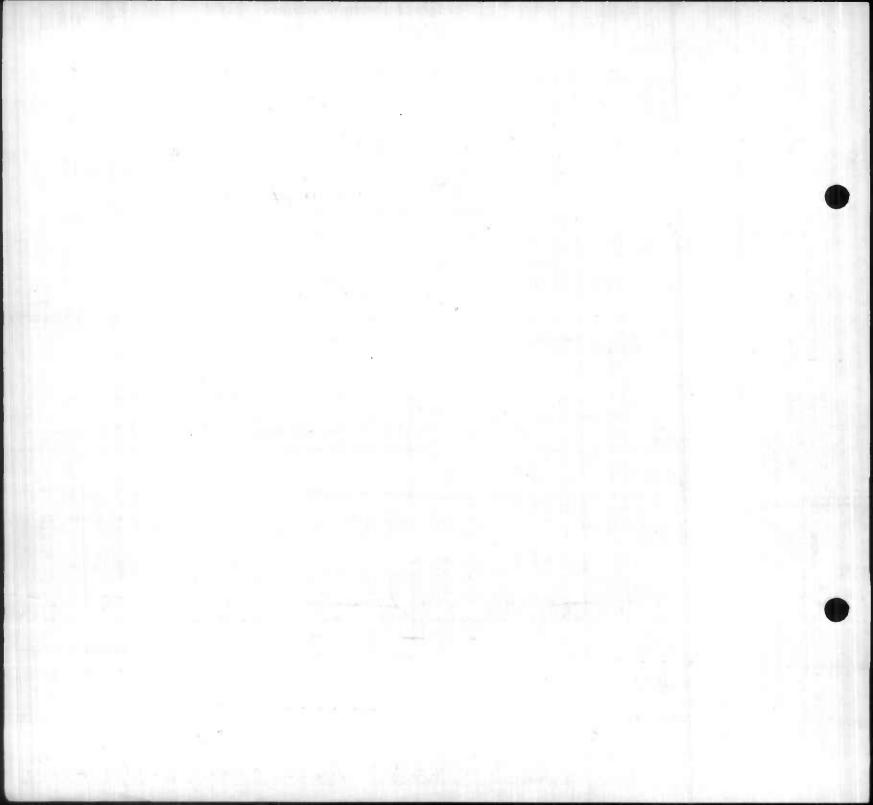


		BALTIMORE CIT	Y HEALTH DEPARTMENT			
	TH NO. 65 1033	CERTIFICA	ATE OF DEATH	Registered Na.	65	1033
1,1	NAME OF DECEASED	Compadine		D HOUR OF DEATH		0.35734
3.	Meickey, F		4. USUAL RESIDENCE (When	ary 27 1965	stitution: residen	ce belore admission)
			A. STATE B. COUN	TY		Bult
	FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location) INSTITUTION	institution, give streel	C. CITY OR TOWN (If our Baltimore	side city limits, write	RURAL ond give	township)
	St. Joseph Hosp	ital	D. STREET ADDRESS (IF 8621 Old Ha	rurol, give location)		0 -00
5,	SEY 16 BACE 17	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 24 Hrs.
F	emale white W	WIDOWER DIVORCED (specify)	May 19 1890	lost birthday!	Months Doys	Hours Min,
dor	A. USUAL OCCUPATION (Give kind of work 10 ne during most of working lile, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN C	
	Housewife		-Mankana	12	11. 1	1.0.
13.	FATHERS NAME		14. MOTHERS MAIDEN NAM	ME		4.
	Laskan		Unknown	5.		
15. (Ye	Was Deceased Ever in U. S. Armed Faces s, no or ynknown) (If yes, give wor or diffes o	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	Mor	SECURIT NO.	My 100	2. 8	62100	19/1/0
	18. 290 0	CAUSE	OF DEATH	V BAR IV		VAL BITWEEN
	DISEASE OR CONDITION DIREC		70	13	ONSE	T AND DEATH
	LEADING TO DEATH	(A) CO	ngestive Heart F	ailure		*****************************
	(This does not meon the mode of dy hearl failure, asthenia, etc. 11 means th	e disease,				
	injury or camplication which caused de	eoth.) Sev	ere Anemia(Perni	cious)		
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if on					
	UNDERLYING CONDITION lost.	• • • • • • • • • • • • • • • • • • • •		100000407770000000000000000000000000000		
ATION	OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATE	NTRIBUTING D TO THE				
CA	DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20 A. ALITOPSY? (Yes or No	20B. IF YES WERE	FINDINGS CON	SIDERED
ERTHFIC	WAS PERFO	RMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH	H?
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLAGE OF INJURY (e.g., home, form, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exo	ct location)
ā	21D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ME	(APPROX.)	While At Not Wh				
	22. I certify that (I) (this hospital) of			19 65 to Jan	nuary 27	19 65
	that (I) (we) last saw the deceased	January 27	65	at In(my) (aur) api		
				ar in (my) (dor) dpr	man death ac	corred du tue date
	and haur and fram the causes stated	a abave. (i) (we) (ala) (ala nat)	view the body after death.		23B. DATE SIG	NED
	Alla	LAR M.D. AI	tending Med.	Stoff Phy s.		
	23C. PHYSICIAN'S	Ph	ys. Director 23D. ADDRESS	Phy s.	January	27 1965
	NAME (Type) Salvador Ma	arse M.D.		04		
24	A. BURIAL CREMATION, 248. DATE	24C. NAME at CEMETERY of CI		ne St. Balt		213 Md.
	REMOVAL (Specify)	TU A-A	1	1 4	ity, town, or cou	(F) (Store)
25	A. DATE REC'D BY HEALTH DEET = 126	B. NAME OF REGISTRAS	2500 FUNERAL DIRECTOR	nehorellae	Ba	all mell
23	JAN 29 1965 Q	dre DE X Chiley Mil	To 20 d	17010. P	1	D 113
1/5	150 REV. 1/265 1985 (7. P.)	The state of the s	year Cork	101-11-10	Margen	allen



BALTIMORE CITY HEALTH DEPARTMENT		65	400/
CERTIFICATE OF DEATH	Registered No.	00	1034

BIRTH NO.		CERTIFICA	TE OF DEATH Registe	ered No. 00 1004
M.E. CASI 1. NAME (Type or P	E NO. OF DECEASED	iLONIS	2. DATE AND HOUR OF	F DEATH 9:30 P. M.
3. PLACE	OF DEATH IN BALTIMORE, MARYLAND	17 ~ 6/1/ 5	4. USUAL RESIDENCE (Where deceosed A. STATE 8. COUNTY	fived. If institution: residence before admission)
FULL N HOSPIT. INSTITU	TION		// h	nits, write RURAL and give township)
	4273 BAYON	vve Ave	D. STREET ADDRESS (If rurol, give to 4273 BAYO	in we Are
5. SEX	wipe	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH MAR 7-1897 9. AGE (In lost birthday)	
done during	L OCCUPATION (Give kind of work 10 B. KIN Lampst of working life, even if retired) FOUSEWAFE	one	11. BIRTHPLACE (Stoke or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	Charles PL	UN615	14. MOTHER'S MAIDEN NAME	
15. Was D (Yes, no or o	eceased Ever in U. S. Armed Forces? unknown) (If yes, give wor ar dates of serv	ice) 16. SOCIAL SECURITY NO.	MRS VI WA PRINCE -	Y 223 BAYONNE AN
18.	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
hearl	LEADING TO DEATH does not mean the made at dying, failure, asthenia, etc. It means the disc		Belmonary Oelle	na /kov
injury	ar camplication which caused death,) ANTECEDENT CAUSES	(B) Cord	io - Vasculo Hyperter	une 14 years
rise	ASES OR CONDITIONS, if any, gi la lhe abave cause (A) slaling ERLYING CONDITION (asl.		feirs leasie	14 years
N OTHE TO	II R SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TREATED TO ASE OR CONDITION CAUSING IT.			
ERTIFICATIO 10 V 61	PATE OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YE	ES, WERE FINDINGS CONSIDERED PRING CAUSES OF DEATH?
0 21 A. A	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or obout 21 C. WHERE DID (If i lince bldg., INJURY OCCUR?	in Boltimore City, give exact locotion)
OF IN	JURY	21E. INJURY OCCURRED While At Not While At Work		R?
	certify that (1) (this twopital) attend			Juliany 27, 1965.
	 (I) (we) last saw the deceased alive our and from the causes stated above 	0 ()		(bur) apinian death accurred an the date
23A. SI	ichael & Dause		ending Med. Stoff Phys	23B. DATE SIGNED 1-28-65
23C.P	HYSICIANS AME (Type) CCARel & DAU	sch M.D.	23D. ADDRESS 4636 Belaci R	oal.
	AL CREMATION, 24B. DATE OVAL (Specify) NACE F-30-65	to by Redeems		City town, or country (State)
25A. DATE	JAN 29 1965	ME OF REGISTRAR	25C. FUNERAL DIRECTOR RON	mythe los the lans
VS 150-RE	V. 1/1/65			1

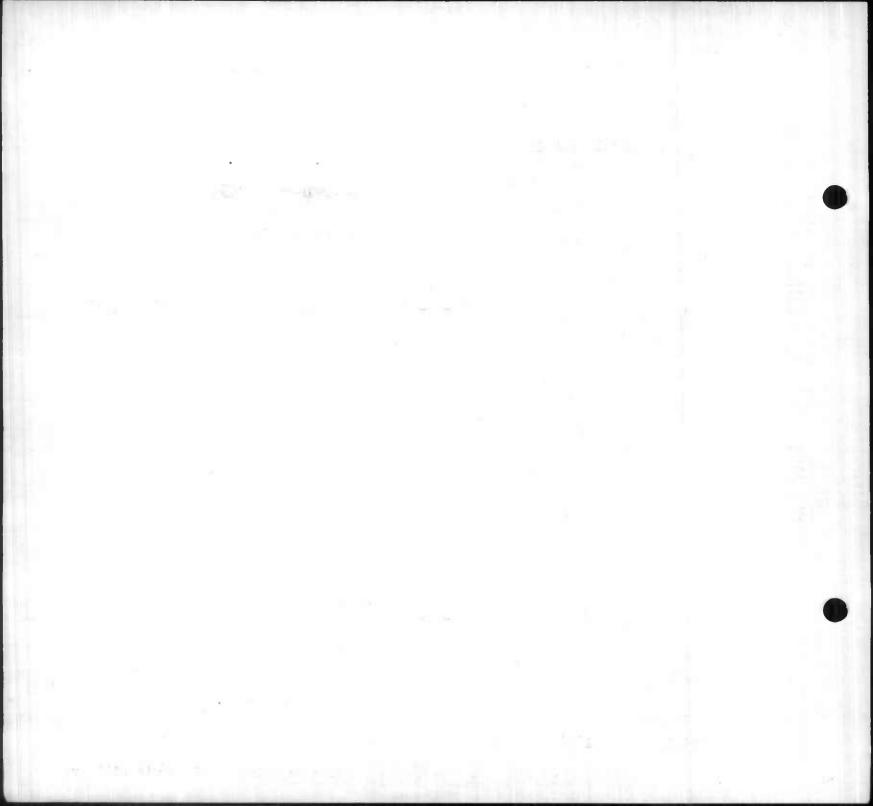


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are alternated attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1005	BALTIMORE CIT	Y HEALTH DEPARTMENT		
ыкти но. 65 1035	CERTIFICA	ATE OF DEATH	Registered No	. 65 1035
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	Н
(Type or Print) John Bell			1-26-65	4:25 P.M
B. PLACE OF DEATH IN BALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If UNTY	institution: residence before admission)
FULL NAME OF (If not in hospital of	er institution, give street	Maryland		1000
HOSPITAL OR oddress or location INSTITUTION)	C. CITY OR TOWN (IF	outside city limits, writ	e RURAL ond give township)
PROVIDENT HOSP	Tm 4 7	Baltimore D. STREET ADDRESS	(If rurol, give location)	
THOTELENI MOSP.	LIAT	27 N. Care		
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr., If Under 24 Hrs
Male Negto	WIDOWED, DIVORCED (specify) Wildowed	4-7-1901 .	last 63davi	Manths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work lane during mast of working lile, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		South Carol	ina	USA
3. FATHER'S NAME		14. MOTHERS MAIDEN N	IAME	
Sam Bell		Fannie Bell		
5. Was Daceased Ever in U. S. Armed Fare	es? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dote:	s of service) SECURITY NO. 218-03-5264	Mara Padd	He	rring sourt
No. 18. 28 4 1		MrsEsther B	Tue 288	INTERVAL BETWEEN
DISEASE OF CONDITION DIR			•	ONSET AND DEATH
LEADING TO DEATH	(4)	PNEUMON	VIA	2:00 pm - 425,
(This does not meon the made of				
heart failure, asthenia, etc. It means injury or complication which caused				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if				
rise to the obave cause (A) UNDERLYING CONDITION last.	staling the (C)	aldra de más mitiral 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
ONDERLING CONDITION Idsl.				
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING			
TO THE DEATH BUT NOT RELA	TED TO THE Old CV	A + Senere m	alnulution	+ Rehydrolin
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Na) 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERF	ORMED	No	III CERIIFIING (PAGES OF DEATH:
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltim	nore City, give exact locotion)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)	While At Not Wh			
		1-26-65	10	1 26 6E 10
22. I certify that (I) (this hospital				1-26-65 19
that (I) (we) last saw the decease				pinion death occurred on the da
and haur and from the causes stat	ed above. (1) (We) (did) (did nat)	view the body after deat	h.	
23A. SIGNATURE	1.0.00	Hending Med.	Statt -	238. DATE SIGNED
Rupello 11		ys. Director	Stoff Phys.	1-26-65
23C. PHYSICIANTS NAME (Type)	(anonlei)	23D. ADDRESS	C+	10.72
Ruperto N	lanankil M.D	1514 Divisi	on St.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME at CEMETERY at C	REMATORY 24D	LOCATION	(City, town, or county) (State)
Burial 2/1/65	Mt Calvary Ce	metry	A County	Md
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	A THE SUMERAL DIRECT		ADDRESS
JAN 2.9 1965	Policet E. Willy		lstead 918	Druid Hill Ave

VS 150-REV. 1/1/65



in a hospital and

to death. Such attendance on the

prior

BALTIMORE	CITY	HEALTH	DEPARTMENT

65 1036

	TH NO.	1000	CERTIFICA	TE OF DEATH	Registered No	00 1000		
1, 1	L CASE NO.	ASED		2. DATE ANI	HOUR OF DEATH			
(Ty	pe or Print)	Amelia Nelso	าท	J	anuary 27,	1965 7:30 P		
3.	PLACE OF DEAT	H IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whore A. STATE B. COUNT	deceased lived, if in:	stitution: rosidence before odmissi		
FULL NAME OF (If not in hospital or institution, give street oddross or location) INSTITUTION Baltimore City Hospitals				side city limits, white R	URAL and give toy aship)			
		4940 Eastern	n Avenue	Baltimore D. STREET ADDRESS (If r	urol, give location)			
		Baltimore, 1	Maryland	106 South Cal	verton Road	o t		
5.	SEX		ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years ost birthdoy)	Months Doys Hours Min.		
43	Female	Negro	Widowed	1-16-1900	65			
		orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Siglo or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?		
				Maryland		USA		
3.	FATHER'S NAM	E		14. MOTHER'S MAIDEN NAM	NE .			
	Elliott	Nelson		Betty Whalen				
S.	Was Deceased E	vor in U. S. Armed Forces? If yos, give wor or dotes of	Sorvico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
		, , , , , ,	SECORITI NO.	RECORDS: BCH 49	A Fastern	Awania 2122/		
	1B. A DISEASE	OR CONDITION DIRECT		DF DEATH	to Papacia	INTERVAL BETWEEN ONSET AND DEATH		
		EADING TO DEATH	(A) Pul	monary Emboli	***************************************	6 hours		
	heart failure, a	I meon the mode of dyin sthenio, etc. II meons the lication which caused deat	disease,					
	A	NTECEDENT CAUSES	(B) Chr	onic Congestive	Failure	8 months		
	rise to the	CONDITIONS, if any, obove couse (A) static CONDITION last.	giving	eriosclerotic He	ert Disease	12 years		
ATION	TO THE DE	CANT CONDITIONS CONT ATH BUT NOT RELATED ONDITION CAUSING IT.	RIBUTING TO THE					
ERTIFIC,	19A. DATE OF	OPERATION 198, CONDITION WAS PERFORM	N FOR WHICH OPERATION	NO	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
CALCE	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21B. PLACE OF INJURY (o.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
	21 D. TIME	Month) (Doy) (Year) (Ha		21F. HOW DID INJU	IRY OCCUR?			

M.D.

24C. NAME OF CEMETERY OF CREMATORY

Attending Phys. 23D. ADDRESS Stoff Phys.

24D. LOCATION

23B. DATE SIGNED 1-27-65

Howard K. Rathbun M.D.

4940 Eastern Avenue

Med. Director

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Spocify) 2/1/65
25A. DATE REC'D BY HEALTH DEPT.

JAN 29 1965 (1965)

Mt Calvary Cemetery

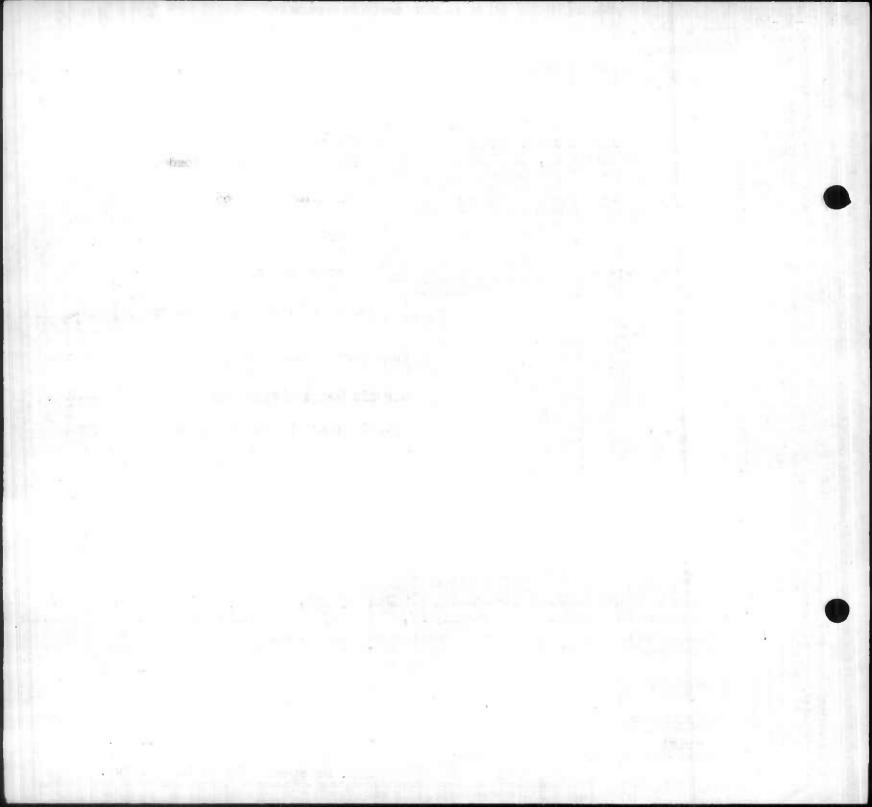
Ann Arundel Cty., Md.

25C. FUNERAL DIRECTOR A. Halstead 918 Druid Hill Ave.

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

ADDRESS



IMPORTANT DIRECTOR FUNERAL

hospital and use of death (5) Deceased Such LO death. ance cause (4) Undetermined cause; attend 0 prior contributing occurred disposition is made. regular deceased death E 10 Was the direct assistant if death 0 kind; or final attendance any pronounced or his Also, embalmed of fracture examiner examiner. regular who are (3) physician the remains the chief medical Was medical burns; physician Body the 0 before to the hospital by 3 where å nature; by obtained 9 approved (except pup any 99 of death) hospital the body was released must accident certificate must 0 written approval 8 prior at An D.O.A. eceased shows: Was

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) January 27. Brown, Luther
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR oddress or locotion) CITY OF TOWN (If outside city limits, write RURAL and give tow/ship) George Washington Carver Nursing Baltimore D. STREET ADDRESS (If rurol, give location) 607 Penn. Avenue 606 N. Monree Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. Hours Min. B. DATE OF BIRTH Months Doys Hours lost birthdoy WIDOWED, DIVORCED (specify) Negro Never Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? ? United States North Carolina Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferbee Charlie Brown dixon, 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 1 6. SOCIAL SECURITY NO. 237-14-2111 Chart 414 607 Pennslyvania avenue CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased frame that (1) (we) last saw the deceased alive on .19 and that in(my) (aur) apinlon death accurred an the date and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. 23 C. PHYSICIAN 23D. ADDRESS NAME (Typ) M.D 24A. BURIAL CREMATION. 24B. 24C. NAME of CEMETERY of CREMATORY

> 1/29/65 Calvary Cemetry 258. NAME OF REGISTRAR

A A Count v 25C. FUNERAL DIRECTOR

ADDRESS

Druid Hill Ave Adolphus Halstead 918

Md

VS 150-REV. 1/1/65

Burial

REMOVAL (Specify)

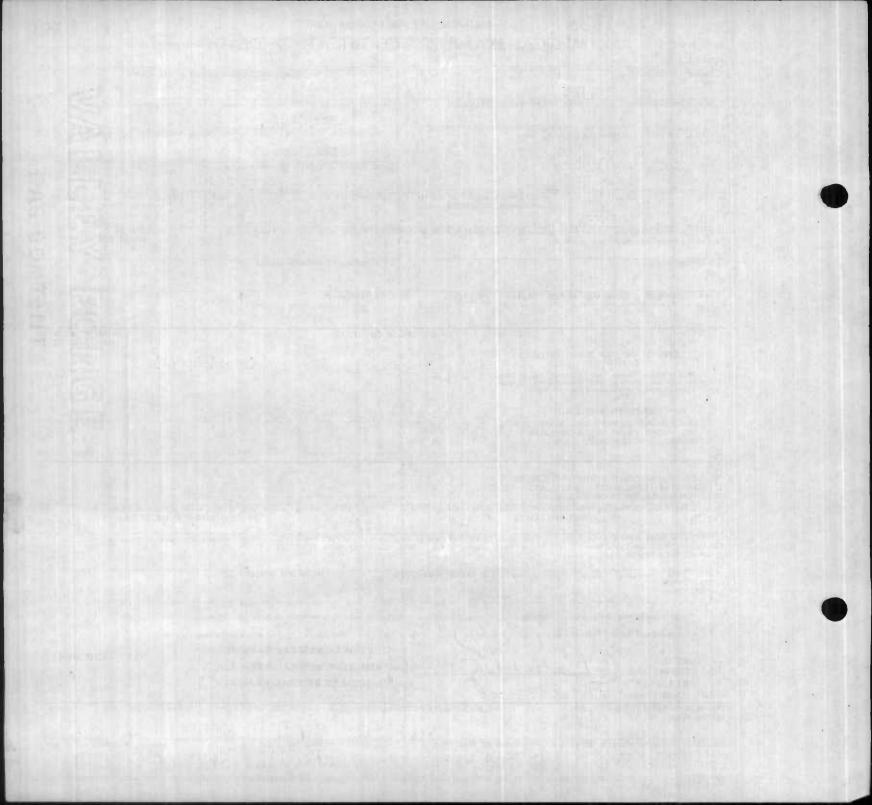
2SA. DATE REC'D BY HEALTH DEPT.

TEMP (TEMP

65 1038

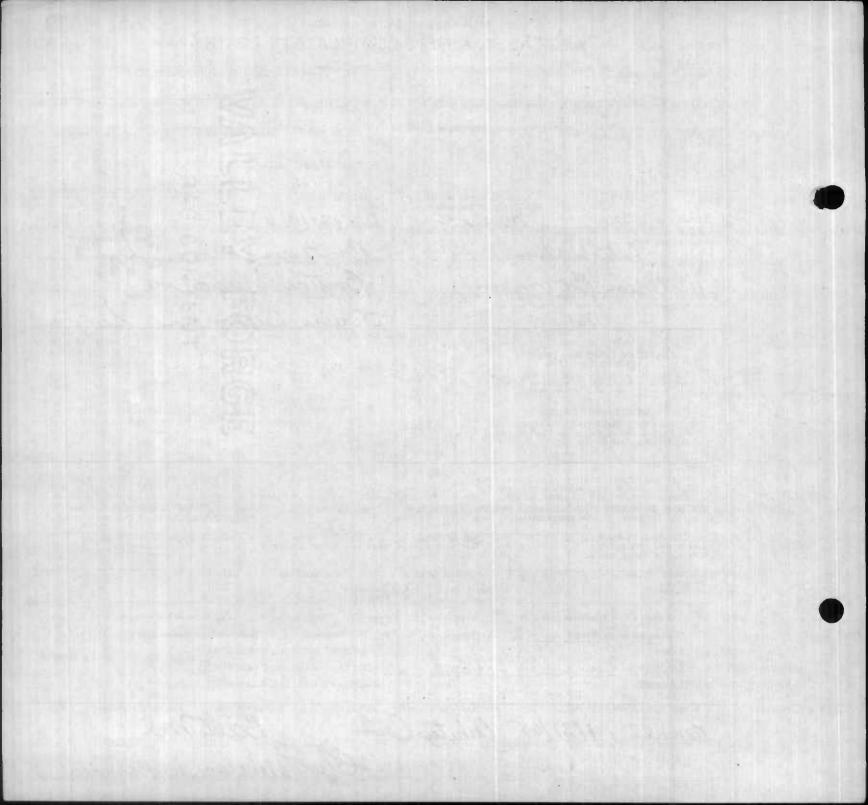
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CA	SE NO. 39210		., ., ., ., ., ., ., ., ., ., ., ., ., .		A12 01 2		THE FA	
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD				
	JAMES MANLEY					uary 1965		9:58 a. _M .
FULL NA	EIN BALTIMORE, MARYLAND, V		JTION, GIVE STREET	A. STATE	Maryland	8. CO	YTAUC	ence befare odmission)
HOSPITAL	L OR ADDRESS OR LOC	ATION)			altimore	corporate limits, wri	NO RAL and	1 give township)
	St. Josephs Hosp	ital			ODDRESS (If rurol,			
5. SEX male	6. RACE e negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years last birthday) 45	Months D	1 Yr. If Under 24 Hrs. Days Hours Min.
	AL OCCUPATION (Give kind of wo ag most of working life, even if retired)	rk TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN WHAT	N OF COUNTRY?
13 . FATH I	ER'S NAME			14. MOTHER	S MAIDEN NAME			
	DECEASED EVER IN U.S. ARME runknown) (If yes, give wor or dol		16. SO CIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	The state of
DI RIS	DISEASE OR CONDITION D LEADING TO DEATI his does not meen the mode of of loilure, ostherio, etc. If meon uny or complication which caused ANTECENDENT CAUS ISEASES OR CONDITIONS, IF SE TO THE ABOVE CAUSE (A) S NDERLYING CONDITION LAST.	H { dying, e.g., s the disease, deoth.) ES ANY, GIVING TATING THE	(C)		struction	(small bow	e1)	
DI DI	THE DEATH BUT NOT RISEASE OR CONDITION CAUSIN DATE OF OPERATION 198. CO	ELATED TO T G IT.				20B. IF YES, WERE I		
OUND	EXTERNAL CAUSE WAS ERLYING OR CONTRIB-	21B. home etc.)	PLACE OF INJURY (e.g., , larm, factory, street, c	in ar about 21 Ifice bldg., IN	C. WHERE DID (Il in Boltimore City,	give exact lac	otion)
21 D	NJURY		TE. INJURY OCCURRED WHILE AT NOT YORK AT W	WHILE ORK	F. HOW DID INJU	RY OCCUR?	IN SE	
22.	I certify that I held on			5-7	and that on thi	s bosis, death in	my opinion	
	resulted from: Natural co	ouses X A	gcident Suicide		micide U F MEDICAL EX	AMINER	ner	
	ACTUAL SIGNATURE EXAMINER'S	cles 5 d	et . M.D.	ASSISTAN	T MEDICAL EX	AMINER X		DATE SIGNED
	NAME (Type) Charles	S. Pett	\$ 1111	ASSOCIAT	E MEDICAL EX	AS DVI	1	/2/65
	RIAL CREMATION, 23B DATE	8 1965	C. NAME OF CEMETERS	GENATOR	MEDICA	SCHOOL ROLL	ry, towh, or co	ounly) (Stote)
	N 29 1965 Poles	24B. NAME		24C. FU	NERAL DIRECTOR	Y SERVI		BCHD



BIRTH NO. 65 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

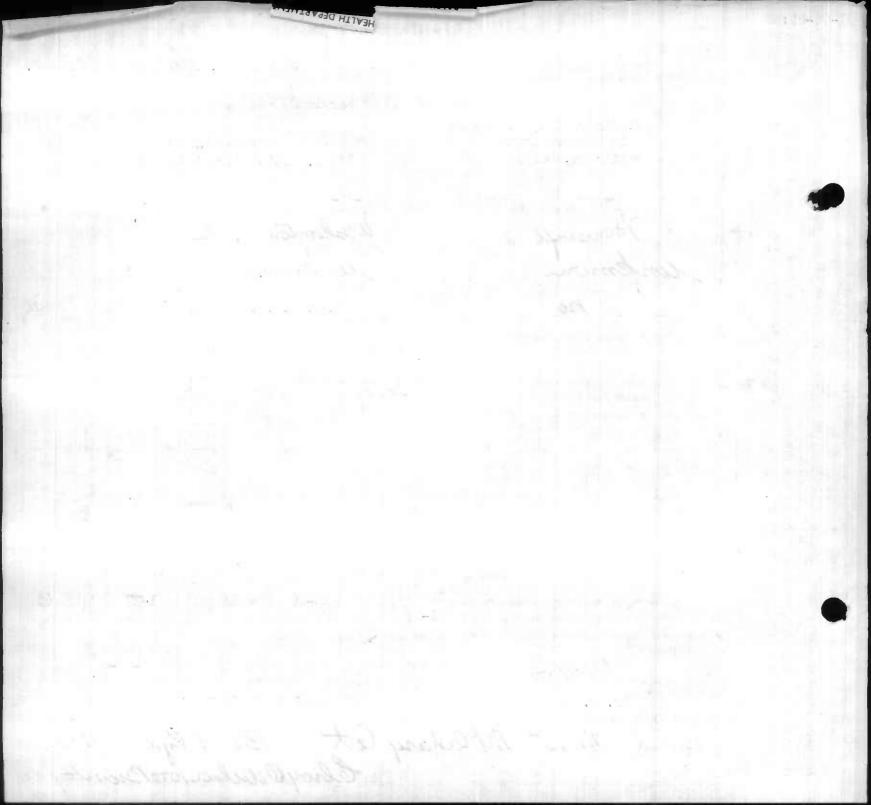
	E CASE NO.	TOGALLDI		AMII ALIK O CI	-1/111	ICAIL OI L	DEATT Registe		
1.	NAME OF DECE	ASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD	
(Ту	pe or Print)	VERNON		BOWMAN		Janua	ry 28, 1965	1 7	:00 A. M.
3. F	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUA	L RESIDENCE (Where	deceosed lived. If insti	itution: residence	
					A. STAT	Maryland	B. COU	INIT	
HO	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY	OR TOWN (If outside	corporate limits, write	RURAL ond give	township)
INS	NOITUTION					Baltimore	5-	NV	
	Tuthon	on Wosnital			D. STRE	ET ADDRESS (If rurol,			
	Luther	an Hospital				1935 Ridg	ehill Avenu	e	
5. S	SEX 6	RACE		NEVER MARRIED	8. DATE		9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
,	Male	Negro	WIDO WED, D	OVORCED (specify)	112	12-1/31/2	lost birthdoy) 58	Months, Doys	Hours Min.
_		ATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or foreign		12. CITIZEN OF	
don	e during most of wo	king life, even if retired)	6,		12	~ D.A.	in 0	WHAT COL	INTRY?
13.	FATHER'S NAME	My wor			14. MOTI	TER'S MAIDEN NAME	1100	MA	
).1 11	12-			12	+1	1.11.		
15.1	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	TINET	MANT (Muan	ADDRESS	
		yes, give wor or dote		SECURITY NO.	0	. 1		1)	
		no		To 2719 (H-95)	OG	use Do	moren	150	me
	18,	0		CAUSE	OF DEA	TH	EM/2-11-SI		VAL BETWEEN T AND DEATH
	DISEASE	OR CONDITION DI	RECTLY						AND DEATH
		EADING TO DEATH			sis a	and Hyperten	sive Heart	Disease.	00 00 4 0 0 A 4 00 N 00 N 4 00 N 0 A 0 0 N 0 A
	heort foilure, o	meon the mode of sthenio, etc. It meons licotion which coused	the diseose,	DUE TO					
	AN	TECENDENT CAUSE	c						
		CONDITIONS, IF A		(B)					
	RISE TO THE	ABOVE CAUSE (A) ST	TATING THE	550.10					
z				(C)					
은		11			110000				
O		FICANT CONDITIONS							
TIF	DISEASE OR	CONDITION CAUSING	IT.						
CERTIFICATION	19A. DATE OF	PERATION 198, CON WAS PER		VHICH OPERATION	20 A. A	Yes or No)	20B. IF YES, WERE FII IN CERTIFYING CAUS		Yes
AL	21 A. EXTERNAL		21B- F	LACE OF INJURY (e.g.,	in or obou		If in Boltimore City ni	ve exoct location)	
EDICAL	UNDERLYING CAUSE	R CONTRIB-	home,	form, foctory, street,	ffice bldg.	INJURY OCCUR?	Totalion only, gr	- CAUGH TOGOTION	
MED									
	OF INJURY	Month) (Doy) (Yeor		E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
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	resulte	d fram: Natural car	uses X A	ccident Suicid			Indetermined manne	er	
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	SIGNATU	RE (ha	us s	Cotty, M.D.		ANT MEDICAL EX			1/28/65
	EXAMINE	R'S Chan	les S. P	ALTE M D	ASSOCI	ATE MEDICAL EX	(AMINER		1/
23A	NAME (T)			etty, M.D.	CREALA	TORY 23D. 14	OCATION (City,	town, or county)	(Stole)
	MOVAL (Specify)	110.	115	21+0	//		2 At In	10 ()	.3.0.0
0	Buriel	1/3/	(0)	unilus Co	w		Xello 11		
244	A. DATE REC'D B			OF REGISTRAR	24C.	FUNERAL DIRECTOR	1 1	ADDRES	SS
	JAN 29	1965 Robert	3 E. Fa	Joey M.V	-6	Should In	Ilsen 110	Bun	10.11
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VS 150-REV. 1/1/65

31-96-65:NS

		/sp	BALTIMORE CI	IV		(-
BIRTH		65 10	40 CERTIFIC	ATE OF DEATH	Registered Na	65 1040
1. NAA	ASE NO.			2. DATE AI	ND HOUR OF DEATH	
(Туре	Irene	Moses		Janua	ry 27, 1965	4 P.
3. PLA	CE OF DEATH IN	BALTIMORE, MARYLAN	ND .	4. USUAL RESIDENCE (Who	ere deceased lived, If ins	titution: residence before admissio
FUL	L NAME OF (I	f not in hospital or ins	titution, give street	Maryland	3-01	
HO:	SPITAL OR O	ddress or location)			tside city limits, write RI	JRAL and give township)
		imore City	_	Baltimore		
		imore, Mary	**		rural, give location)	0.03
SEX			ARRIED, NEVER MARRIED	8. DATE OF BIRTH	1 Street #21	
Fe	emale N	egro	Married (specify)	4-15-02	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
	SUAL OCCUPATION	(Give kind of work 10B. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	do C	12. CITIZEN OF WHAT COUNTRY?
3. FA	THER'S NAME	· Carrie		14. MOTHER'S MAIDEN NA	ME	
	1 mh	nne De		un bon		
5. Wo	s Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no	or unknown) (If yes,	give wor or dotes of s	SECURITY NO.	מ מ משתחחשת	7 /0/0 P+-	mm Arramon #2722
18	4.22 1	100	CAUSE	RECORDS: B.C.I	. 474U Baste	interval between
	1 00 00 1	I ONDITION DIRECTL				ONSET AND DEATH
		G TO DEATH		erebral Vascular	Accident	1 Year
he	eort foilure, osthenic jury or complication ANTECE	n the mode of dying the control of t	lisease, h.) Art (8) Di	eriosclerotic Car sease	dio Vascular	
ris		IDITIONS, if any, a couse (A) stati DITION lost.				
E T		CONDITIONS CONTR BUT NOT RELATED ION CAUSING IT.				
U 19	A. DATE OF OPERAT	ION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FI	NDINGS CONSIDERED
21	A. ACCIDENT WAS	UNDERLYING	218 PLACE OF INITIBY (e.e.	., in or about 21 C. WHERE DID	(If in Baltimore	City, give exact leeation)
7 01	R CONTRIBUTING TEATH (notify medical	CAUSE OF	home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?		only, give exact topolium
W OF	D. TIME (Month)	(Doy) (Year) (Ho		21 F. HOW DID IN.	JURY OCCUR?	
>	PPROX.)		While At Work At Wo	hile ork		
22	. I certify that (1)	(this hospital) atte	ended the deceased fram	12-29	19 64 ta	1-27 19 65
		w the deceased ali	7 277			ian death accurred on the de
or	d hour and fram t	he causes stated al	pave. (1) (We) (did) (did not) view the bady after death.		
-	A. SIGNATURE	. 10 ,		,		23B. DATE SIGNED
		Helph	M.D.	Attending Med. Thys. Director	Stoff Phy s.	1-27-65
23	C.PHYSICIAMS NAME (Type)	. H. Rathbu		23D. ADDRESS	Ш	
4A. B	URIAL CREMATION		24C. NAME OF CEMETERY OF			y, town, or county) (State)
2	EMOVAL (Specify)	-11	nlan	01	n 11	1 0
1.	BULL BY HEA	2/1/65 LTH DEPT. 258.	INT CONTANT	25C. FLINERAL DIRECTO	Sword Kin	n NUX



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EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

THIS IS A PERMANENT RECORD.

1041	BALTIMORE CITY HEALTH DEPARTMENT
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ALTIMORE	CITY	HEALTH	DEPARTMENT	
CEDTIE	-	TE OF	DEATH	

Registered	. 65	1
Registered	No	-

CEASED				
A 1.7 C	TOTAMOTET		2. DATE OF D	
	LSZEWSKI	II a tigue propertor and		n 16, 1965
		A. STATE	B. COUNTY	ilulion: residence before odmission)
INSTITUTION			J. Paca	y limits, write RURAL and give township
102 N. Pa		D. STREET ADDRESS	(If e	urol, give location)
	G-		10.400.0	T-
o. COLOR OR RACE	WIDOWED, DIVORCED (Specify)		last birthdoy)	Months Days Hours Min.
OCCUPATION (Give kind of g most of working life, eve	of 10s. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Slote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
ME		14. MOTHER'S MAIDEN N	AME	
d Ever in U. S. Armed Forces (If yes, give wor or date)	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
LEADING TO DEATH not meon the mode of de, osthenio, etc. It meons I complication which couse ANTECEDENT CAUSES	lying, e.g.,	rebral Vasa	whan Hen	orderte CUM
OR CONDITIONS, IF AN HE ABOVE CAUSE (A) STANG CONDITION LAST.	TRIBUTING	Gen. arten	ording Itan	inhas, old
HE ABOVE CAUSE (A) STAND CONDITION LAST. III HIFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT.	NTRIBUTING	198. CONDITION FOR WHICH WAS PERFORMED	wes Itan	20. AUTOPSY?
HE ABOVE CAUSE (A) STAND CONDITION LAST. III HIFICANT CONDITIONS CON DEATH BUT NOT RELA CONDITION CAUSING IT.	NTRIBUTING TED TO THE 19A. DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION	mps, old
HE ABOVE CAUSE (A) STANG CONDITION LAST. HIFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT. ON WAS RELATED TO DEATH, ENTER IN ART II ENT WAS UNDERLYING UTING CAUSE OF FY MEDICAL EXAMINER)	NTRIBUTING THE (C)	198. CONDITION FOR WHICH WAS PERFORMED e.g., in or obout office bldg, etc.) INJURY OCCUR	OPERATION	20. AUTOPSY? YES NO
	ADDRESS OF LOCATION) Century F 102 N. Ps 102 N. Ps 102 N. Ps 102 N. Ps 103 N. Ps 104 N. Ps 105 N. Ps 105 N. Ps 106 N. Ps 107 N. Ps 107 N. Ps 108	ADDRESS OR LOCATION) Century Home 102 N. Paca St. Balto 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DOCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUST 10s. KIND OF BUSINESS OR INDUST TO BUSINESS OR INDUST SECURITY NO. CAN SEOR CONDITION DIRECTLY LEADING TO DEATH 10s. SOCIAL SECURITY NO. CAN CAN DUE TO DUE TO DUE TO COMMITTED DUE TO CAN CAN DUE TO DUE TO COMMITTED DUE TO COMMIT	Century Home 102 N. Paca St. Ballo Decomposition of Race 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) CCUPATION (Give kind of ig most of working life, even of general conditions) decomposition decomposition decomposition of the mode of dying, e.g., e.g	Maryland Century Home 102 N. Paca St. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W DECUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) MACE (In years lost birthdoy) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME CAUSE OF DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH not mean the mode of dying, e.g., costhenio, etc. It means the disease, complication which coused death.) CAUSE OF DEATH (A) Caudio Megnich, Pack of the process of the country of the process of the process of the country of the process of the process of the country of the process of the proce



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and

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BALTIMORE CITY HEALTH DEPARTMENT

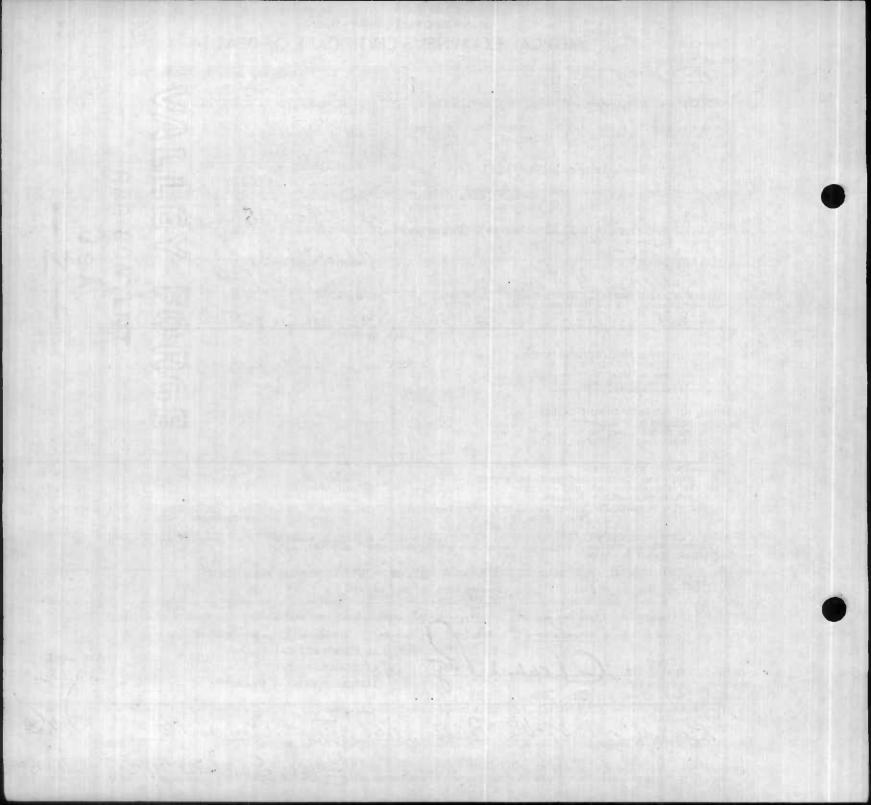
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BIRTH NO. 1042	CERTIFICA	ATE OF DEATH	Registered No.	JUAC .
M.E. CASE NO. 1. NAME OF DECEASED	. 0		D HOUR OF DEATH	700 1
(Type or Print) ROBERT DWA	NSON USB	ORNE 1/18/6	5	1 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		tution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	III NORTH H	ICH ST.	BACTIMORE, M9
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
MERCY MOSPITAL		D. STREET ADDRESS (If I	ural, give location)	-
301 ST. PAUL ST.	21201	D. STREET ADDRESS	orog give locollon,	
	RIED, NEVER MARRIED			II Under 1 Yr., If Under 24 Hrs.
M WIDE	WED, DIVORCED (specify)	10/2/05	lost birthdoy) 59	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired) UN CM PLOYED		Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (II yes, give war or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
700, 910 110 110 110 110 110 110 110 110 110	JECOKIII NO.			
18. 2 5 2 2	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	111-	- 1.01.0/-	DISCASE	01.5 11/10
LEADING TO DEATH (This does not meon the mode of dying,		PNICKE'S	DI2CN2E	DAYS CORS
heart loilure, asthenia, etc. It means the dise	ose,)		1 0000
ANTECEDENT CAUSES		NEUMONIA	mangg gg mag nygyma manoya ya ya ya ya ji ƙafa ƙafa ƙ	4 UAYS
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO	HOLISM ACUTE +	CHRONIC	70 Years +
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)	HOCISM MEDIC &	Clyleshie	20 /6/1/2 (
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY! (Yes) or No	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Not Wh			
	Work At Work		9 65 to	1/18 19 45
22. I certify that (I) (this hospital) attend	110	- 15-		on death occurred on the date
ond hour and from the causes stated above	VII		or mitmy, teer , opini	on goon occorred on the dote
23A. SIGNATURE	(1) (-2) (did) (312 1101)	view line body offer deoffi.		23 B. DATE SIGNED
William Sitares	M.D. A	Med. Director	Stoff Phys.	1/18/65
23C.PHYSICIAN'S	7 / / "	23D. ADDRESS	,	
MANULIAM 5	BYERS M.D	MERCY 10.	SPITAL	
24A, BURIAL CREMATION, 24B, DATE 24	C. NAME OF CEMERET OF C	REMATON BUANZO.	CATION ARY PHY	pw or county) (State)
REMOVAL (Specily) JAN 22 1985	YILITA	CDCITY MEDIC	LI CCHOO	T
	ME OF REGISTRAR	LA POG. FUNERAL DIRECTOR		ADDRESS
JAN 29 1965 00 840	7.0.	MURIUAR)	SERVICE	- BCHA

Called Dr paid gather bad Inceptality
but not Wernicker & ded not have preumonia
either will call us after checking artifacy
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VS 151-REV. 1/1/65



Jake M.A

VS 151-REV. 1/1/65

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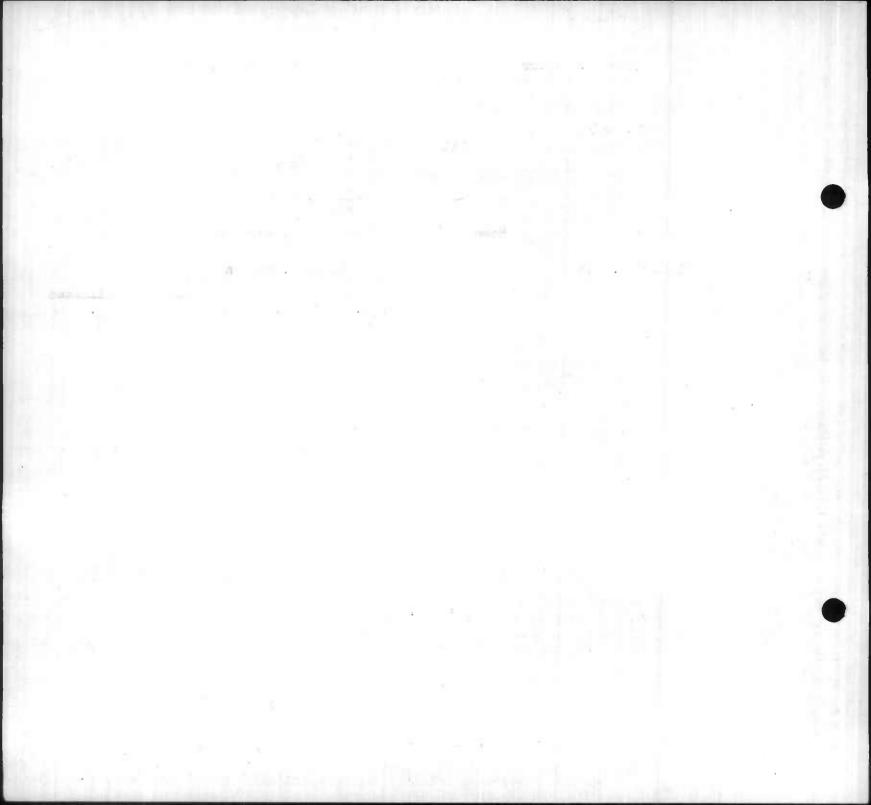
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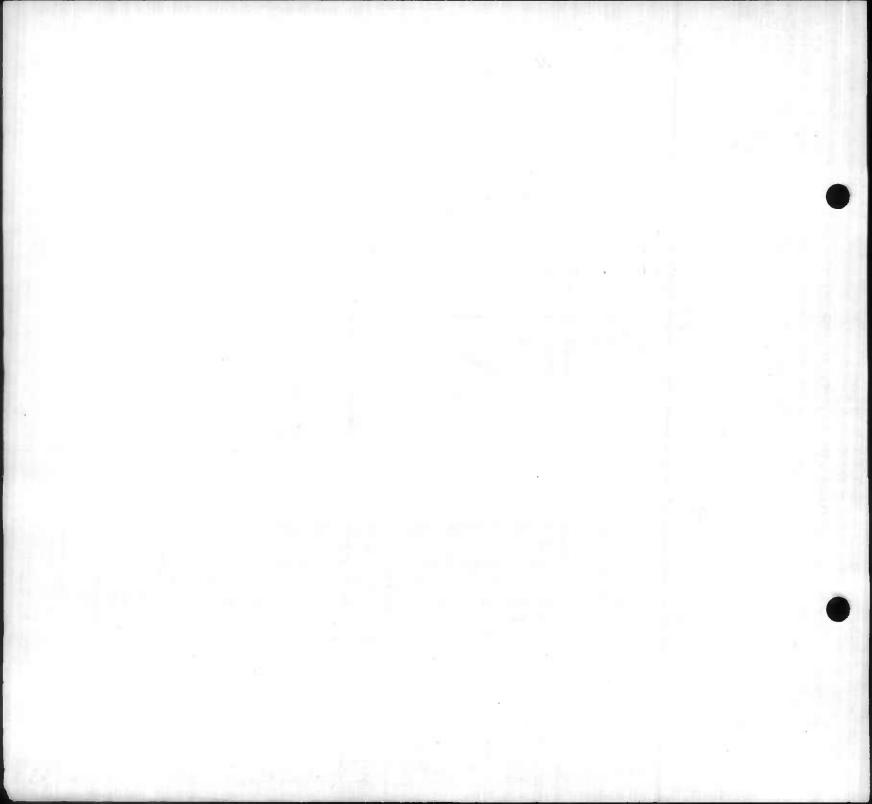
BALTIMORE CITY HEALTH DEPARTMENT 1045 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Laura M. Taylor January 28, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location C. CITY OR TOWN (If outside city limits, write RURAL and 504 Orkney Road Baltimore
D. STREET ADDRESS Baltimore, Maryland 21212 (If juiol, give location) 504 Orkney Road is mad 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. Months: Doys lost birthdoy Hours WIDOWED, DIVORCED (specify) Female Whi te Wi.dowed 20, 1875 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewife Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard H. James Sarah M. Wilson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1217 Roundhill Road 17. INFORMANT 6. SOCIAL final SECURITY NO Baltimore, Md. Mr. Arthur W. Taylor CAUSE OF DEATH 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med (A) Chronic Myocardetis LEADING TO DEATH (This does not meen the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death. ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE GENERALIZED Atterno - sclerose CERTIFICATION DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) etc. MEDI obtained (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Wask At Work 1964 10 Janes 35 5 22. I certify that (I) (this hospital) attended the deceosed from _______ond that in(my) (aur) opinion death occurred on the date that (I) (we) last saw the deceased olive on..... and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending | Frank n. Orden. Med. Stoff approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 2701 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify!

Burial Mt. Olivet Cemetery Baltimore, Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT		0.00
M.E. CASE NO. 65 1046	CERTIFICA	TE OF DEATH	Registered No.	65 1046
T. NAME OF DECEASED (Type or Print)	y, Jun	1/2	AND HOUR OF DEATH	5"5A! M.
FULL NAME OF HOSPITAL OR INSTITUTION ON THE STATE OF THE	HOSP.	Maryland c. city or town III	YNTY	Stitution: residence before odmission)
. 0	- NEVER A	3300 Fa	ser I veni)C
7 WIDOV	D, NEVER MARRIED /ED, DIVORCED (specily) RIED	7/1/39	9. AGE (In years tost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, U'SUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
FRANCIS J. KERNAN		DOROTHY E	BARNES	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e. heart failure, asthenia, etc. It means the disease injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to UNDERLYING CONDITION last.	(B) DUE TO	ardine Ar. Perlmenary Price the Form	Embelis hoppleb	10 48 hours
WAS PERFORMED 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	THE R WHICH OPERATION FUNDO (S MAN) The Place of Injury (c.g.,	18	(II in Bottimore	FINDINGS CONSIDERED USES OF DEATH? City, give exact tocohon)
W OF INJURY	While At Work At Work		NJURY OCCUR?	
22. I certify that (this hospital) attended that (we) lost sow the deceased alive a and hour and from the causes stated above. 23A. SIGNATURE	(6) (We) (did) (didunos)	19 6 ond when body after death ending Med. Significant		nion death occurred on the date
23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C.	M.D.	23D. ADDRESS CIAN	S Hop/C.	A/OSP. 1y, town, or county) (Stote)
BURIAL 1-30-65 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	PAK LAWN	CEM.	BAUTO.	ADDRESS
JAN 29 1965 Role		Hertle	Jeller, 233	1 111 0
VS 150-REV. 1/1/65		1		()11

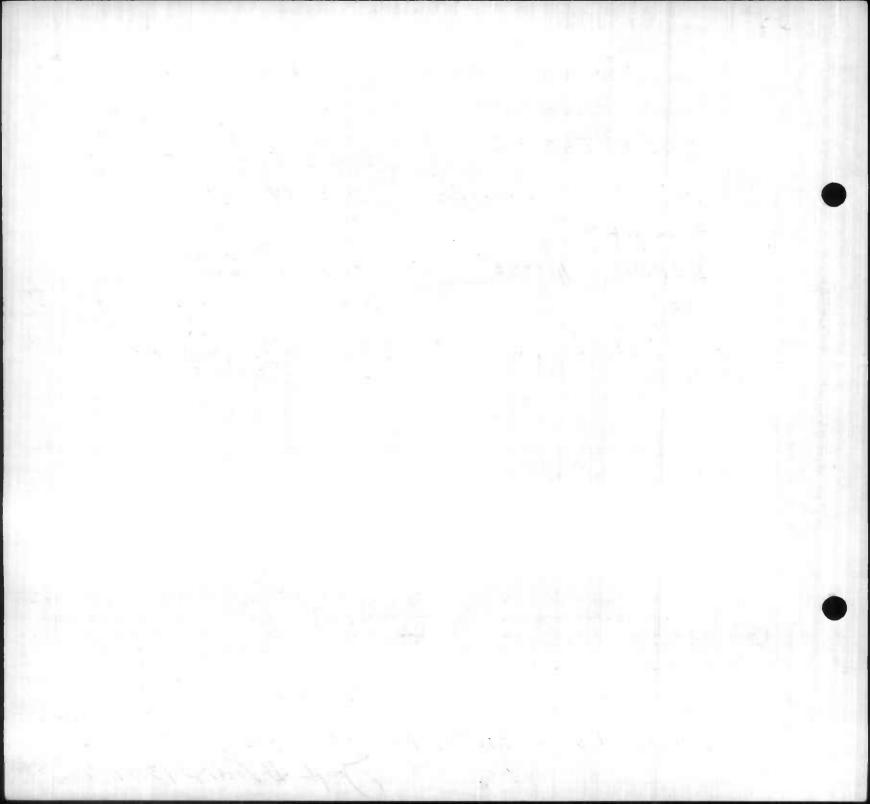


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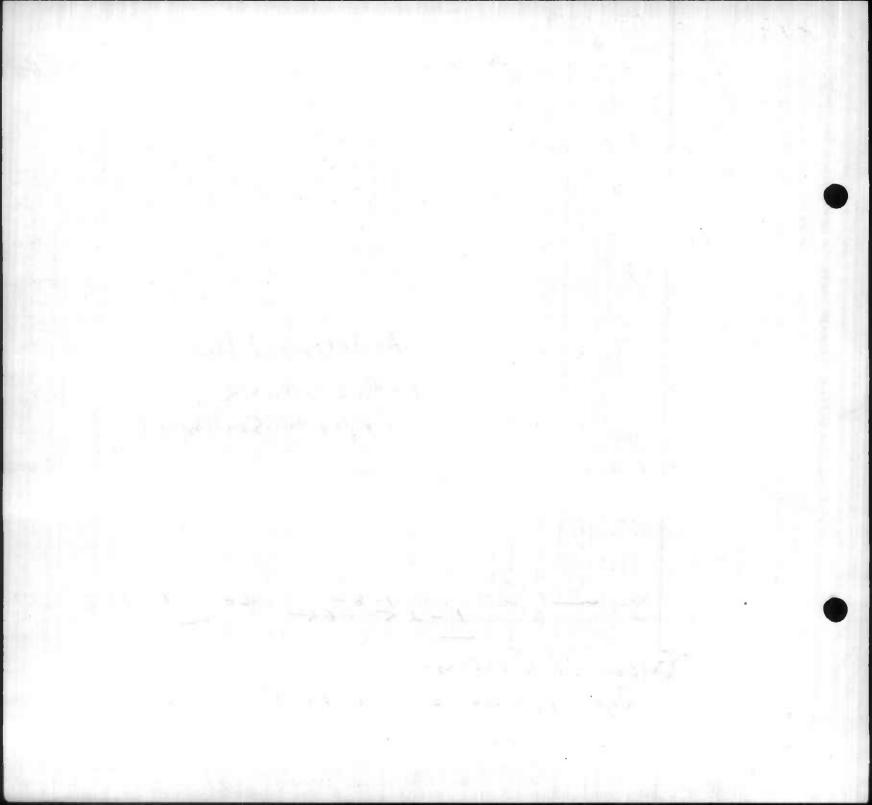
5	1177
B-	use of death (5) Deceased fance on the death. Such
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	deat t or Unde as ir e de
K	directly (4) dispending
DRTA	f the ty kin d dec
IMPO	Also, is of an ounce ounce ned or
S.	iner o acture pron
FUNERAL DIRECTOR: IMPORTANT	xamii xamii y A fr who
L DIR	dical eiras; (3 sician
ERAI	ef med dy bull by cian v
J.	he chi by a (2) Bo re the physi
	d by the spital ture; (true); (b) No ed be
	prove the ho ny na excep and (
	be ap ed to nt of a pital (oath);
	ccides ccides a hos
	was r An a A. at prior
	body ws: (1) D.O.
	This the show was deco

CE 40.40	BALTIMORE CITY	HEALTH DEPARTMENT		1150
BIRTH NO. 65 1048	CERTIFICA	TE OF DEATH	Registered No	65 1048
M.E. CASE NO.	G=R1111071			
1. NAME OF DECEASED	¬	2. DATE AND	HOUR OF DEATH	
(Type or Print) RIANCHE	BOULDIN	1 - 7	6 - 65	7.25 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0001911	4 USUAL RESIDENCE (Where	deceased lived If insti	tution; residence before admission)
Tange of Death III One living Ministratio		A. STATE B. COUNT	Υ	7
FIRST MANAGE OF THE CONTROL OF THE C		No d		104
FULL NAME OF (If not in hospitot or institution, gr	ve sweet	77 4 .		- / /
INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, wrife KU	RAL and live township)
D	1-	13ALTIMO	RT	
2003 E. EAGET 57		D. STREET ADDRESS (If It	rol, give tocotion)	
1 7007 L. Flide.		7003 E EA	10- 5+	
		2003 E. EA	Ger ST	
	NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs.
WIDOWED,	DIVORCED (specify)	12-8-94	st birthdoy)	Months Doys Hours Min.
I MAK	120	120	10	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		M. d.		WHAT COUNTRY
Housewife		1.1 4.		The Con
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
7		1 / //	< 71	
DENNIS MOORE		ANNABELL	Dmilh	
15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	1 11	100000	ERCAL ST
No		LEROY Bouldi	N 7003 F	Erger ST
18. 1/1/2 × 1	CAUSE OF	DEATH		INTERVAL BETWEEN
TITLE OF CONDITION BIRESTIN	11		1 . 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. h	1 atta	0-21/ 11.0	0.
	(A)	Monnie	01009 11 ANG	44
(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1) ~	1240	7
injury or complication which coused death.)		y.,	50	
	(8)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, il ony, giving				
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION lost.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				4 3 (12)
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WWAS PERFORMED		Va	CEXIII III O CAGO	at the second
U 2 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact tocation)
OR CONTRIBUTING CAUSE OF home	, form, foctory, street, off	ce bldg., INJURY OCCUR?		
DEATH (notify medical examiner) etc.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
WE:	e At Not While			
(APPROX.)			(
22. I certify that (I) (this hospital) attended the	deserred from	101-10 10	64 10 44	n 26 1965
	O COCOUSOU ITOM	1		
that (I) (we) lost sow the deceased alive on	Have B	19 6 ond that	tin (my) (our) depini	on death occurred on the dote
and hour and from the causes stated above. (1)	(We) (did) (did mot) w	ew the body ofter death		
23A. SIGNATURE	(110) (010) (010 1101) (1	on the body direct decime		3B. DATE SIGNED
234. 31014 21042				SB. DATE SIGNED
T. F. LIYVUM	M.D. Atter	Med. Director	toff hys.	1-29-61 ~
23C. PHYSICIAN'S		3D. ADDRESS	^ /	,
NAME (Type)		10 - 0 11	10. 1/-	acked At
F. K HDAM	S M.D.	1222 IV.	C moline	& DI Dulbenesse
24A. BURIAL CREMATION, 24B. DATE 24C, NA	ME of CEMETERY OF CREE	MATORY 24D. LO	CATION ICID	town, or county) // (Sive)
REMOVAL (Specify)	/ /	711	7	
BURIA! 1/30/65 AD	butus MEN	7. FK. QD	bulle , h	10.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	ALCIETO A DE	25C. FUNERAL DIRECTOR	2010	ADDRESS
10N 20 10S5 DO F	E Janker M.A	The state of the s	PIn.	= 1/2 P ///A
1411 62 1300 HPCSON		Joseph D. V	(outs 1)	30411. Center ar
VS 150-REV. 1/1/65	/	11	1 1	
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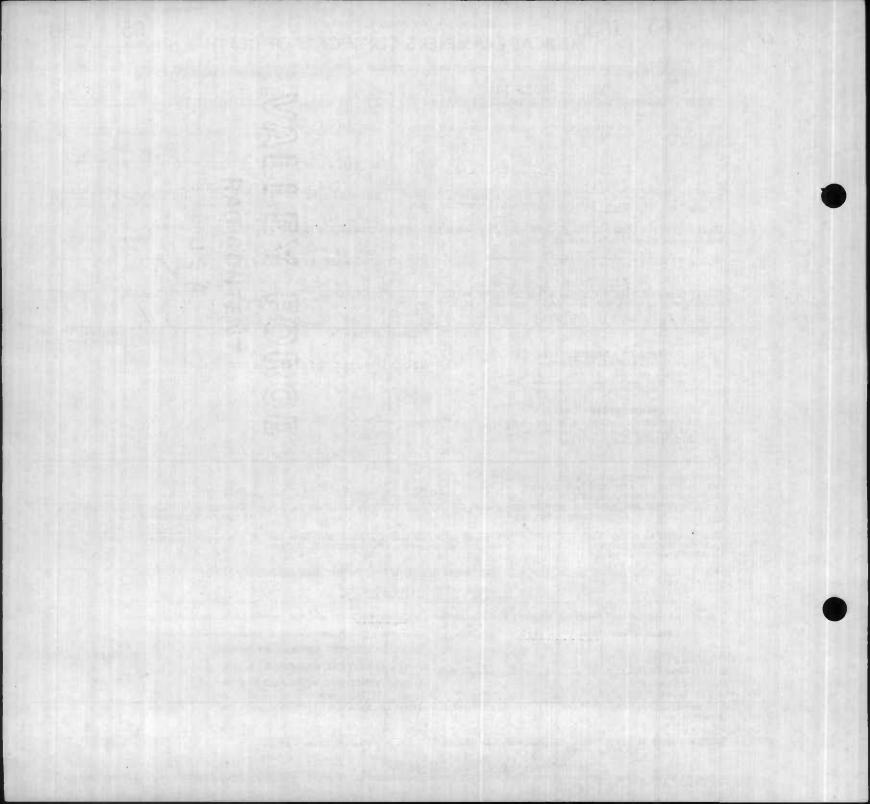
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		0= 1010		BALTIMORE	CITY HEALT	H DEPARTMENT		00	10.40	
	H NO.	65 1049		CERTIF	ICATE C	F DEATH	Registered Na.	_65_	1049	
1. N	AME OF DECI	MABEL	A	QUILLA	9	2. DATE	28-65		10.15 Am	
3. 1	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USU A. STA		here deceased lived. II i UNTY	nstitution; re:	sidence before odmission)	
	TULL NAME O	F (If not in hospital oddress or locatio		give street	CCIE	OR TOWN (II	outside city limits, write	PUPAL and	give township)	
7	NOITUTITZN	7 % /4	1.01	1+	0. 6.11	BALTO	2 '	KOKAL ONG	give township/	
	162	7 n. Cr	10-1	DA	D. STR	EET ADDRESS	(If rural, give location)	57-		
5. S	EX	6. RACE		NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under	1 Yr. II Under 24 Hrs. Doys Hours Min.	
	J.	C.	MAG	KRILE C	5-	11-06	lost birthdoyl	Monns	Doys Hoors Min.	
		PATION (Give kind of working life, even if retired)	10B, KIND O	F BUSINESS OR IND	USTRY 11. BIRT	HPLACE (State or f	oreign country)	12. CITIZ WHA	EN OF AT COUNTRY?	
13.	FATHER'S NAM	NE T			14. MO	THER'S MAIDEN N	NAME			
	ALL	bert	Wh	IF	01	EHNETT	¿ Coope	K		
		Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO.	P	roy age	ulla 162	77%	Wolfs be	
	18. 3 3	2-1		CAL	JSE OF DEAT	н / /	, ,		NTERVAL BETWEEN	
		E OR CONDITION DI	RECTLY	(A)	Acut	e Cerebr	al Thrombo	Si	Instant	
	heart failure,	ot meon the mode of asthenia, etc. It means plication which coused	the diseose	DUET	1/10				1/1/2	
ANTECEDENT CAUSES (B) TT TEND SCIE						o Sclen	05,5		Trears	
	rise to the	R CONDITIONS, if obove couse (A) CONDITION lost.	(C)	HYP	rev ter	Sion (Espain	Na)	?		
ATION	TO THE DI	FICANT CONDITIONS (ATED TO TH							
ERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL CE	OR CONTRIBU	TING CAUSE OF	211 hor etc	PLACE OF INJURY ne, lorm, foctory, str	(e.g., in or abouteet, alfice bldg	21 C. WHERE DID	(II in Boltimo	re City, give	exact location)	
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRE		21F. HOW DID I	INJURY OCCUR?			
>	(APPROX) While At Work At W							4		
	22. I certify that (I) (this hospital) attended the deceased fram 1-8- 1960 to 1-1-28-1965									
	that (1) (we) last saw the deceased alive an									
	and haur and from the causes stated abave. (1) (We) (dtd) (did nat) view the bady after death. 23A. SUCHATURE 23B. DATE SIGNED									
	En	Que H.	a	Very MO	Attending Phys.	Med.	Stofl Phys.	234 0711	. 3000	
	23C. PHYSICIAN'S NAME (Type) Euglise H. Oulur M.D. 1735 E. Federal St									
244	REMOVAL (S	MATION, 24B. DATE	24C.N	T. CAL	OF CREMATOR	Y 24D	G . A. Cour	City, tawn, or	r county) (State)	
254	. DATE REC'D	JAN 29 1965	25B. NAME	OF REGISTRAR	4.1 P25C	FUNERAL DIRECT	Pork W	304	ADDRESS ADDRESS	
VS	150-REV. 1/1/6	5	LAN AND		0	100	0 47-1	2011	/ Cordinate	



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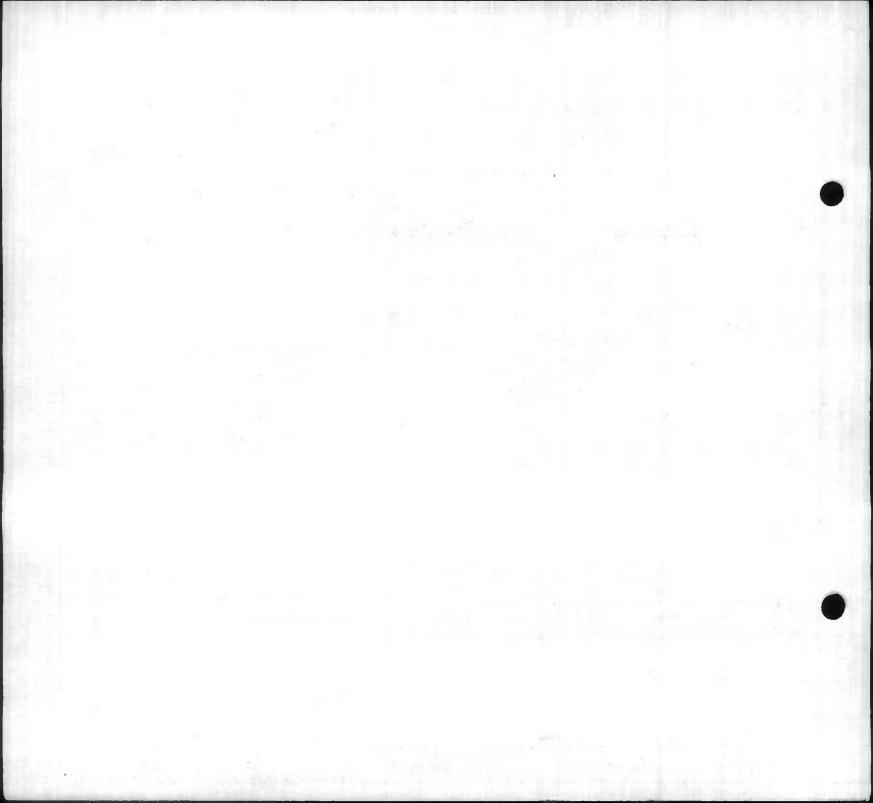
65	1050		BALTIMORE CITY HEAL	TH DEPARTMENT		65 1050			
BIRTH NO.		CAL EX	KAMINER'S C	ERTIFICATE	OF DEATH Regist	ered No.			
M.E. CASE NO.									
1. NAME OF DE	CEASED		7-4-6-14-4	2. 1	DATE AND HOUR PRONOUNC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HUBERT 1	RUSSELL	(HUBERT JO		Illanuary 25, 19	701			
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. If ins	stitution: residence before odmission UNTY			
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryla					
1				Baltin		7700			
	UNION MEMOR	RIAL HO	SPITAL		(If rural, give location)				
					St. Paul Street				
5. sex Male	6. RACE White	7. MARRIED, WIDO WED,	DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.			
		Di.	vorced	Dec. 11.19	39				
OA. USUAL OCC	UPATION (Give kind of work	TOR KIND O	F BUSINESS OR INDUSTRY	Dec. 11. 19	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
one during most or	working life, even if retired)			Keyser We	est Virginia	USA			
3. FATHER'S NAM	ME			14. MOTHER'S MAID		0044			
	Hugh Russe]	7		Franc	es Fahey				
5. WAS DECEASE	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS			
. 1. /	(If yes, give wor or dote	s of service	SECURITY NO.			Manitowoc Wis.			
les 4/22	144 10/31/4	16 213	22 4362	Mrs Julie	G. Wagner				
18.	2.1		CAUSE	OF DEATH		ONSET AND DEATH			
DISEA	SE OR CONDITION DE	RECTLY							
	LEADING TO DEATH		A	iosclerotic	cardiovascular				
heort foilure	not meen the mode of c, osthenio, etc. It meens emplication which coused	the disease,	DUE TO		dis	ease			
Injury or co	complication which coused death.								
	ANTECENDENT CAUSE	S	(0)						
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO						
	NG CONDITION LAST.	IN INTO THE							
Z	(C)								
OTHER SIG	il	CONTRIBUTE	NC						
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE			etamorphosis	of liver				
DISEASE C	R CONDITION CAUSING								
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION		es of No. 208, IF YES, WERE F				
1	A A LOS LAVAS			Yes		Yes			
UNDERLYING	CAUSE WAS	home	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHE	RE DID (If in Boltimore City, g	give exoct location)			
UTING CAL	JSE OF DEATH.	etc.)							
Z 21 D TIME	(Month) (Doy) (Year	Hour)	TE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?				
OF INJURY (APPROX.)		,	WHILE AT NOT	WHILE TORK					
22.		m. I	WORK LAT W	ORK					
l cer	tify that I held on I	nquiry 🗌	Inspection Au	opsy X and th	ot on this basis, death in	my opinion			
resu	Ited from: Natural con	uses X	Accident Suicid	e Hamicide	Undetermined mont	ner			
1 1 1 1 1 1 1 1 1 1	0				CAL EXAMINER				
ACTUA		5 61	0 -			DATE SIGNED			
SIGNAT	7	C: 14	M.D		ICAL EXAMINER &	1-26-65			
NAME (NER'S	т.	ohm F Adomo		ICAL EXAMINER	1-20-05			
23A, BURIAL CRE			ohn E. Adams,		23D. LOCATION (City	y, town, or county) (State)			
REMOVAL (Special		14.		, Showing Ki	(01)	,,,,,,			
Burial	2/1/6	5	Baltimore !	National	Baltimore	Maryland			
24A. DATE REC'D	BY HEALTH DEPT.			24C. FUNERAL	DIRECTOR	ADDRESS			
	JAN 29 1965	(R.D.	RE Fallmen	HENRY	SANDER & SONS	INC.			
VS 151 DEX 1	// 5	45000	7 47 400001 11	ALTI	ORE Maryland	21213			
VS 151-REV. 1/1.	/60			The second second	0				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

05 4054	BALTIMORE CITY	HEALTH DEPARTMENT		C5 40E4					
MRTH NO. 65 1051	CERTIFICA	TE OF DEATH	Registered Na	65 1051					
M.E. CASE NO.			D HOUR OF DEATH						
	AH DEMONI		-27-65	645 p. m.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	deceased lived. If ins	litution: residence before ddmission)					
FULL NAME OF (If not in hospital or insti	tution, give street	Ind.	BALTIME	Re					
HOSPITAL OR address or focation) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give township)					
			ural, give location)	4-01					
UNIVERSITY HE	OSPHAL	664 W.	FAYETT	E 94.					
MALE NEGRO 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthday)	Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, K	MARRIED (JEP)	11. BIRTHPLACE (State or foreign	S &	12. CITIZEN OF					
done during most of working life, even if retired)	an water at " a)	P mA.	gir country;	WHAT COUNTRY?					
13. FATHER'S NAME	STOPPECTION	14. MOTHER'S MAIDEN NAM	NINO	0.5.					
West in a De man	1 0	Cammia							
15. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	9	Deare						
100.10	15/-0/-6567	HOSPITAL	RECOR						
DISEASE OR CONDITION DIRECTLY	CAUSEO	PULATH		ONSET AND DEATH					
LEADING TO DEATH		ILAR ARTE	RY THROM	Assis 5 weeks					
(This does not mean the made of dying heart laiture, asthenia, etc. It means the d	(This does not meen the mode of dying, e.g., DUE TO								
	injury or camplication which caused death,) ANTECEDENT CAUSES (B) CERESRAL ATHEROSCIERASIS UNKNOWN								
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) CONTROL OF THE CONTROL OF TH								
DISEASES OR CONDITIONS, il ony, giving									
UNDERLYING CONDITION lost.									
OTHER SIGNIFICANT CONDITIONS CONTRI									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES. WERE FI	NDINGS CONSIDERED					
198. CONDITION WAS PERFORME		ND	IN CERTIFYING CAU	SES OF DEATH?					
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, larm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct lacotion)					
Q DEATH (notily medical examiner)	etc.)								
21 D. TIME (Month) (Doy) IYeor) (Hou		21F. HOW DID INJU	JRY OCCUR?						
(APPROX)	While At Not While At Work								
22. I certify that (1) (this hospital) attended the deceased fram 12-14-19 64 to 1-27-6519									
that (1) (we) last saw the deceased oliv	re on 1 - 27 -	1965 and the	it in(my) (our) apin	ian death accurred on the date					
and haur and fram the causes stated abave. (1) (We) (did) (did hot) view the bady after death.									
23A. SIGNATURE									
James My Denl	M.D. Atte	nding Med. Director	Stoff Phys.	1-27-65					
23C. PHYSICIAM'S NAME (Type)									
JAMES J. MCPHILLIPS M.D. UNIVERSITY HOSPITAL									
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)					
Burios 48 20/60	5/1/t. Aubilm	N (em. /	10/10.	Mid.					
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR DEUM. D	255 FUNERAL DIRECTOR	1 1	ADDRESS S					
JAN 23 1302 05	Jan C. Marken	Muldans	similar /	Tome N. Schweder					
VS 150-REV. 1/1/65		* 1 4							



FUNERAL DIRECTOR: IMPORTANT

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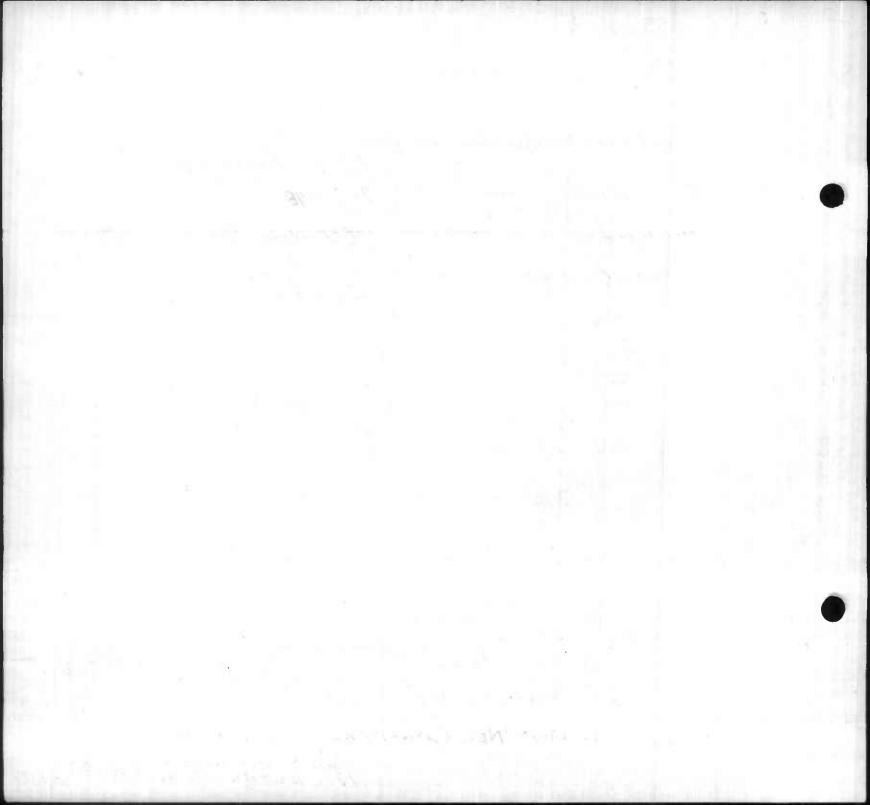
BALTIMORE CITY HEALTH DEPARTMENT									
BIRTH NO. 65 1052 CERTIFICATE OF DEATH Registered No. 65 1052									
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH									
(Type or Print) PIETRO DO	RTONA	11	28/105	2 50 B.M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	stitution: residence before admission)								
FULL NAME OF (If not in hospital or institu	tion, give street	A. STATE B. COUNT		Rult					
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
	oral, give location)	58-00							
- 0	h /								
BON Secours Mosp	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs.							
	OWED, DIVORCED (specify)		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n cauntry)	12. CITIZEN OF WHAT COUNTRY?					
SELF EMPLOYED	PORLTRY	ITALY		USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	9/1					
LINKNOWN TTA	RTANA	UNKNA	WW						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	16. SOCIAL	17. INFORMANT	Pv //	ADDRESS					
NA	SECURITY NO.	ANNA MEDTA	NA HOE	CRANIIIIE PK					
18. // 20 0 1	CAUSE O	F DEATH	17 1100	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY		2 1 11 +	0 1	ONSET AND DEATH					
LEADING TO DEATH	(A)	ongestive Heart	Jailine						
heart failure, asthenia, etc. It means the dis	(This does not mean the made of dying, e.g., heart failure, asfhenia, etc. It means the disease,								
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Congretive least failure DUE TO Cutenoscleotic least Disease									
DUE TO									
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the (C)									
UNDERLYING CONDITION last.									
CALLED SIGNATURAL CONTRIBUTION									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 198. CONDITION	INDINGS CONSIDERED								
WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)					
21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?						
(APPROX)	While At Not While At Work								
22. I certify that (I) (this hospital) attend	led the deceased from	19) to	19,					
		19ond the	t in (my) (qur) opir						
that (I) (we) lost sow the deceased alive on									
23A. SIGNATURE 23B. DATE SIGNED									
1/1 Micanto, R. Cana	And And Atte	ending Med. S	itoff by s.	Jan. 28/65					
23C. PHYSICIAN'S		23D. ADDRESS	117 3. 42.1	1000					
NAME (Type) VICENTE R. (ARAG VR M.D.			1					
24A. BURIAL CREMATION, 24B. DATE 2	IC. NAME of CEMETERY of CRI	EMATORY 24D. LO	CATION (Cit	y, town, or county) (State)					
REMOVAL (Specify)									
BURIAL 1-30-65 NEW CATHEDRAL CEM BALTIMORE MD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS									
BURIAL 1-30-65 NEW CATHEDRAL CEM BALTIMORE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JAN 29 1965 ROBER E GALLEMAN WESER FUNERAL HOME SGILFDMONDSON AVE									
VS 150-REV, 1/1/65									



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT							
	TH NO. 65 1053	CERTIFICA	TE OF DEATH	Registered No	65 1053			
1,1	NAME OF DECEASED	1: E- (2. DATE AT	T. 6	T. 1CA.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	UNG LINCK	4. USUAL RESIDENCE (Whe	ere deceosed lived. If ins	titution: residence before admission)			
	FULL NAME OF (If not in hospital or institution oddress or location)	C. CITY OR TOWN (If au	utside city limits, write RI	URAL ond give township)				
7	Hospital For the Wol	Baltemore						
	77-5/50/00 107 17/10 0007	of the same	133/ Park AU		€.			
5.		D, NEVER MARRIED VED, DIVORCED (specify)	7 - 3 - 18 18	9. AGE (In years last birthday)	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min,			
	A. USUAL OCCUPATION (Give kind of work 10B, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
	House whe		Westmin	rester Mid	U-SA			
13.	FATHERS NAME	<i>C</i> 1	14. MOTHER'S MAIDEN NA	ME				
15	Was Deceased Ever in U. S. Anged Forces?	16. SOCIAL	17. INFORMANT 400	ch .	ADDRESS			
(Ye	ss, no or unknown) (If yes, give was or dotes of service	SECURITY NO.	Hospital Ada	mission Skeet	4.			
	18. 465 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pulmon	ary				
	(This does not mean the made of dying, e.g., (A) DUE TO							
	injury at complication which caused death.)							
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving							
	rise la the abave cause (A) stating the UNDERLYING CONDITION last.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING THE						
FICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FI	INDINGS CONSIDERED			
ERT								
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
<	(APPROX.) While At Work At Work							
	22. I certify that (I) (this hospital) attended the deceased from JAN 11 th 19 65 to JAN 27/11-19 65							
	that (1) (we) lost saw the deceased alive on JAN 27/15 19 65 and that in (my) (our) apinion death occurred on the date							
	ond hour and from the coases stated above. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED							
	(Q) WIR CAZM M.D. Attending Med. Stoff M 1-27.65							
	23C. PHYSICIAN'S DV . KUK	en's Has	Joseph S. A.					
24.	A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRE	MATORY 24D. L	LOCATION (City	r, town, or county) (State)			
BURIAL 1-29-65 NEW CATHEDRAL BALTIMORE, MD.								
25		E OF REGISTRAR	JOHN OF M	ATCHELL Y	SONS ADDRESSIC			
V.	JAN 29 1900 (Raber)	0 6, 40000	1900 EUT	AW PLA	CE BALTO, MD			



Holy Redeemer Cemetery

Robert E. Jakes M.A.

Baltimore. Md.

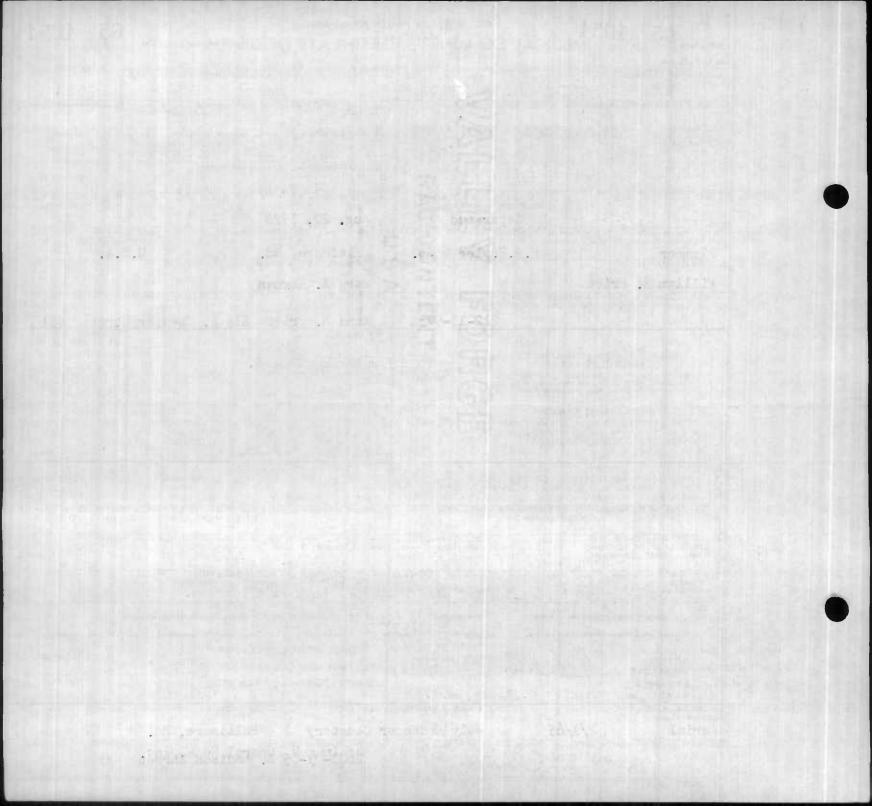
ADDRESS

24C. FUNERAL DIRECTOR PAL Home Street 2801-03-05 E. Madison Street

VS 151-REV. 1/1/65

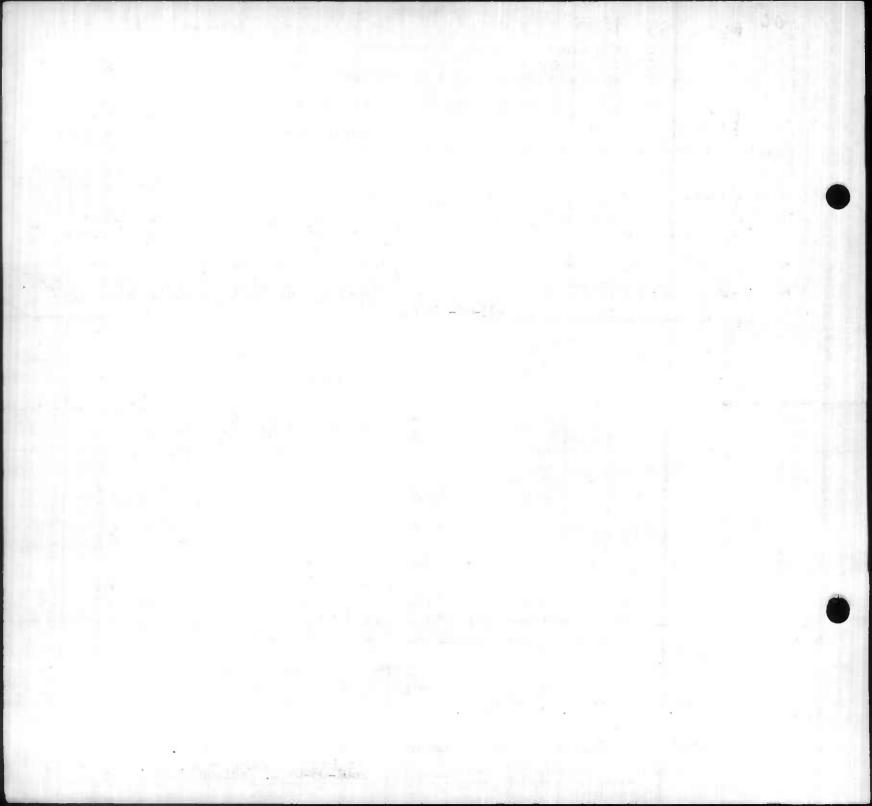
24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial



•	FUNERAL DIRECTOR: IMPORTANT	CTOR:	IMPORTAL	L N		W
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained hefore the remains are embalmed or final disposition is made.	ed by the chief medical expospital by a medical exature; (2) Body burns; (3) pt where the physician v (6) No physician was in	A fracture who pron	Also, if the e of any kind ounced dead	direct or conditions. 1; (4) Undeterrible was in reduced as a disposition is	ributing cause ributing cause nined cause; (5) gular attendance ed prior to dec	of death of death of death of death of death of the

	BALTIMORE C	CITY HEALTH DEPARTMENT	
BIRTH NO. 65 105	5 CERTIFIC	CATE OF DEATH Registered No.	65 1055
T, NAME OF DECEASED THO	mas WICK	2. DATE AND HOUR OF DEATH	12:40 P. M.
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	stitution: residence before admission)
	hospital or institution, give streat	MARYLAND C. CITY OR TOWN (If outside city limits, write R	URAY and give towaship)
INSTITUTION		BALTIMORE	SAME ONG BITO TOMIGNIP!
UNION MEMOR	IAL HOSPITAL	D. STREET ADDRESS (If IUIO), give (ocotion)	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 His.
MALE WHITE	WIDOWED, DIVORCED (specily)	12/23/86 /8	Months Doys Hours Min,
done during most of working life, even LABORER		TRY 11. BIRTHPLACE (Stoto or foreign country) Baltimore MARY (AND	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	CO .	14. MOTHER'S MAIDEN NAME	0.01112
WILLIAM WI	CK	MARGARET (LAST NAME	UNKNOWN)
15. Wos Deceosed Ever in U. S. A (Yes, no or unknown) (III yes, give w	or or dotos of sorvice) SECURITY NO.	17 INFORMANT EILEEN TOCHT ANGUSTAXWIXK 1606 Hartsda HOSPITAL (2500205	
18. / 9 0 / 1	215-22-2169 A	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDI	TON DIRECTLY	10110	ONSET AND DEATH
LEADING TO	(A) C	relial Thunbersi (R) parietal	4le
(This does not mean the heart failure, asthenia, etc.		ASOVO	
injury or complication which		. 1 3 0 0	
ANTECEDENT	DUE TO		
DISEASES OR CONDITION rise to the obove could be condition UNDERLYING CONDITION	se (A) stoling the (C)	Pulmy infact LIL	
OTHER SIGNIFICANT COND	OT RELATED TO THE		
DISEASE OR CONDITION C.	198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	INDINGS CONSIDERED
S S S S S S S S S S S S S S S S S S S	WAS PERFORMED	YES IN CERTIFYING CAN	USES OF DEATH?
OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF home, loim, foctory, stree	g., in or obout 21C. WHERE DID (II in Boltimore t, office bldg., INJURY OCCUR?	City, give exact location)
O 21 D. TIME (Month) (Doy	You) (Houi) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	White At Work At V	While	
22	hospital) attended the deceased from		WARY 27 1965
		7 19 65 ond that in (my) (our) opi	
	uses stated above. (1) (We) (did) (did no		mon death accepted on the det
234 SIGNATURE	()	, view the body enter deem.	238. DATE SIGNED
William K	Vinton, or M.D.	Attending Med. Stoll Phys. Phys.	1/27/65
23C. PHYSICIAN'S		23D. ADDRESS	
DR. WILLIAM	R. LINTON, JR. ^	LD. UNION MEMORIAL HOSPITI	9 L
24A. BURIAL CREMATION, 24B.		CREMATORY 24D. LOCATION (Ci	ty, town, or county) (State)
Burial 1/	30/65 Holy Redeemer	Cemetery Baltimore, Md.	
25A. DATE REC'D BY HEALTH D	EPT. 258. NAME OF REGISTRAR	25C. FONERAL DIRECTOR Schimunek Funeral Home	Inc
JAN 29 1	965 Reber E. Farber M.D	2601-03-05 E. Madison Str	eet #5
VS 150-REV. 1/1/65			



EFEVZED ON VELKOAN

Premoria Ril Protune

YES

D.O.A.

VS 150-REV. 1/1/65

body

OWS:

of death Of death Deceased

cause Ise; (5)

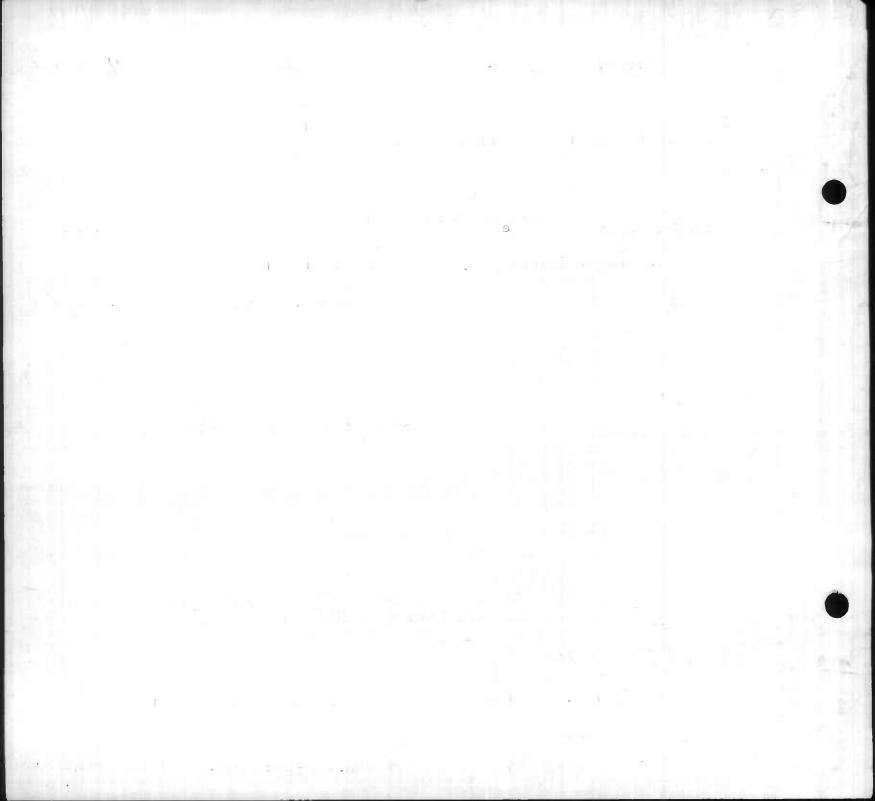
ance

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH HAROLD ROLD STUART COWLES, death. Where deceased lived, if institution; residence before admission A. STATE FULL NAME OF (If not in hospital or institution, give street MARYLAND HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 10 BALTIMORE 21204 THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) ALABAMA 5. SEX 8. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Months Doys Hours WIDOWED DIVORCED (specify) lost birthdoy 11/22/28 to A. USUAL OCCUPATION (Give kind of work los. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even il retired) American Greeting Card 12. CITIZEN OF WHAT COUNTRY? Hartford, Conn U.S.A. District Manager Comporation 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME H. STUART COWLES . MARY FITZGIBBON 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 042 20 5375 Louise T. Cowles, 310 Alabama Rd., 21204 WW II YES CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the diseose, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving Hodgkin's Disease rise to the obave cause (A) stating the UNDERLYING CONDITION last. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? U 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram... 1965 that (1) (we) last saw the deceased alive on... and that in (my) (afr) apinian death accurred on the dote and hour and from the causes stated above. (N (We) (did) (did not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. Med. Stoff M.D. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME Type BERT J THE JOHNS HOPKINS HOSPITAL 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 248, DATE eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore National Baltimore, Md 2-1-65 BURTAL 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

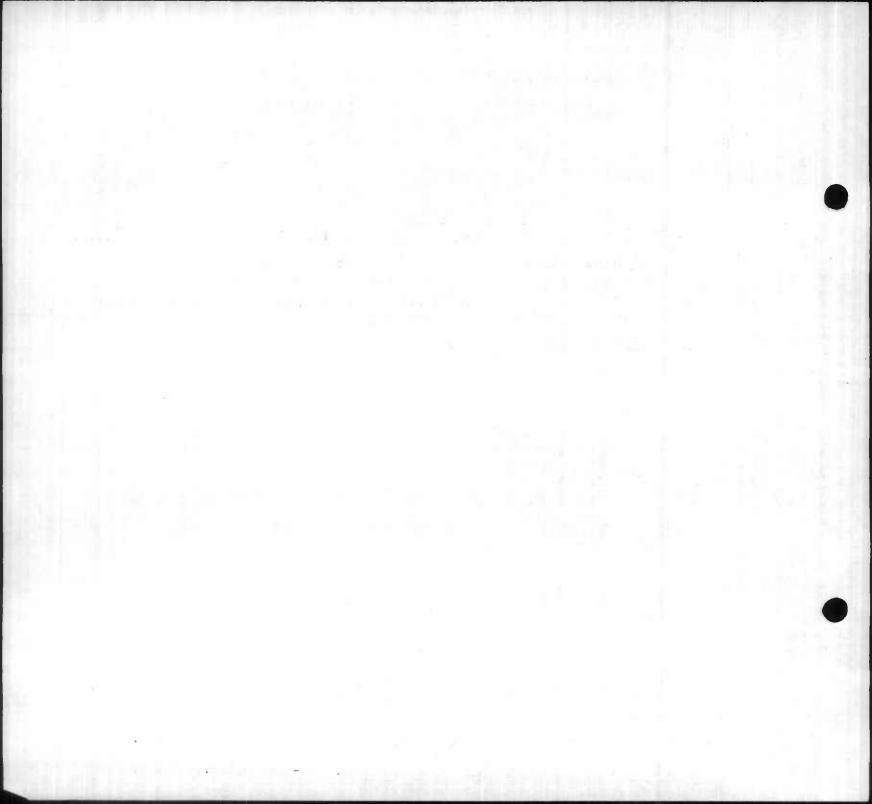
Wm.Cook-Towson, Inc., 1050 York Road, 212040



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT		65 4058
BIRTH NO.	65 1058	3	CERTIFICA	TE OF DEATH	Registered No.	ON ALVINO
M.E. CASI	E NO.		021(711707)		D HOUR OF DEATH	
(Type or P	1 1	B156,	۸)	1120	165 9.45	5 2 1
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND			e deceased lived. If institu	ution; residence before admission)
				A, STATE B. CDUN	TY O	1
FULL N HD SPIT	IAME OF (If not in hospital oddress or location		give street	C. CITY OR TOWN (If our	aido aite limita unita PUD	Al a Calua Muashia
INSTITU				10		
1				D. STREET ADDRESS (III	rural, give location)	.0
SIL	JAI HOSPITA	L			DEMEKE	AUF
5. SEX	6. RACE	7. MARRIED	, NEVER MARRIED			
М	WHITE	WIDOWE	D, DIVORCED (specify)		lost birthdoyl A	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
IOA. USUA	L OCCUPATION (Give kind of wor	Marı				2. CITIZEN OF
done during	most of working life, even if retired)		eal Optical			WHAT COUNTRY?
	Optician	Co	ompany	Ohio		U.S.A.
3. FATHE	RS NAME			14. MOTHER'S MAIDEN NAM		
	Tyrenus Robi	LSON		Della Coffma	.11	
	eceased Ever in U. S. Armed Founknown)(If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
n			200 03 6933	Luella M. Robi	son,1304 Wind	lemere Ave, 21218
18. /	12011		CAUSE O	F DEATH		INTERVAL BETWEEN
1 4	DISEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Q. O	ute muce	andral	
	does not mean the mode of		, DUE TO	, 0) .1	/	
	lailure, asthenio, etc. It means or complication which coused		,	ute Myce	LON	
	ANTECEDENT CAUSES (B) (B)			CVD		······································
DISEASES OR CONDITIONS, if any, giving						
rise	to the above cause (A)					
UND	ERLYING CONDITION lost.					
ZOTUS	R SIGNIFICANT CONDITIONS	ONTRIBILITIN	IG.			
2 10	THE DEATH BUT NOT RELA	ATED TO TH	HE			
	ASE OR CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	DINGS CONSIDERED
E 6	WAS PER	FORMED			IN CERTIFYING CAUSE	S OF DEATH?
U 21 A. A	ACCIDENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
4 DEATI	ONTRIBUTING CAUSE OF H (notify medical examiner)	hou		ffice bldg., INJURY OCCUR?		
O 21 D. T		(Hour) 211	E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF IN	JURY		hile At Not While		OKI OCCOK:	
(APPR	DX)		ork At Work		7.5	
22. 1	certify that (1) (this hospita	I) ottended		1/61	19 65 to 11 2	8 19 65
that ((I) (we) lost sow the decease	ed olive on.	1/28	19 65 and the	ot in (my) (our) opinio	n death occurred on the dat
and h	nour and from the causes sta	ted obave.	(1) (We) (did) (did not) >			
	IGNATURE	-	000	Tow the body offer doorns	23	B. DATE SIGNED
		K	Fransah.D. AH	ending Med.	Stoff -	1/38/65
23 € 9	HYSICIAN'S	-	Phy	s. Director 23D. ADDRESS	Phys.	100/01
	IAME (Type)	1110 1	April 1997		- (0	
	DIS. LEON	ARD A	CKMAN M.D.		OSPITAL	
	AL CREMATION, 24B. DATE OVAL (Specify)	24C. N	IAME of CEMETERY of CR	EMATORY 24D. LO	OCATION (City,	town, or county) (Stote)
BURI		D	ulaney Valley	Gardens Ba	altimore Coun	ty.Md
	E REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN	29 1965 P.O. A	18. Fa	Dec M.a	Wm.Cook-Tows	on, Inc., 1050	York Road, 21204
11	VI COLUMN		A			



the chief medical examiner

Deceased

cause; attend 10

regular

death

pronounced

the physician

where

(except

a hospital

p

M as

An accident

the hospital

This certificate must be approved by

the body was released

any nature;

fracture

attendance

regular who

must be obtained before the remains are embalmed

CERTIFICATION

MEDICAL

No physician was

9

and

death);

deceased prior to written approval

contributing

of death EO.

hospital

Such

death. ance (2) cause

BIRTH NO.	65	105
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FULL NAME OF

HOSPITAL OR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	Na.	65	1	05

ON HTRIE	7000
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	William Gebo
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND

oddiess or location)

(If not in hospital or institution, give street

DATE	AND	HÓ	UR	OF	DEATH	
.Tar	nuar	v	2	8.	1965	
0 4.		. 1	_	-,	2703	

2. Date and hour of death January 28, 1965	
USUAL RESIDENCE (Where deceased lived, If institution; residence before, STATE B. COUNTY Maryland	odmission
CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 21214	
. STREET ADDRESS (If rurol, give locotion) 1702 Northbourne Road	

	Union Memori	al Hospi	ital		(If rurol, give locotion) bourne Road	
5. SEX male	6.RACE white		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH May 12, 1885	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHERS N	Joseph Geb	00		14. MOTHERS MAIDEN N unknown	AME	
	sed Ever in U. S, Armed Fo own) (If yes, give wor or do		16. SOCIAL SECURITY NO. 127-01-8075	Donald Gebo,	1702 Northbo	ourne Road 21214
1B. 52	7.1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH

	110	12, 01 00.5		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made all dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving tise to the abave cause (A) stating the UNDERLYING CONDITION lost.	DUE TO	Cor Pulmonale By, pulmonary emplyses	INTERVAL BETWEEN ONSET AND DEATH
LON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			

DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED (If in Boltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examine) etc.

21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Al Work Work

22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (ayr) aprinian death accurred an the date

(did) (did nat) view the bady after death. and haur and fram the causes stated above. (1) (We

23A. SIGNATURE Med. Stoff

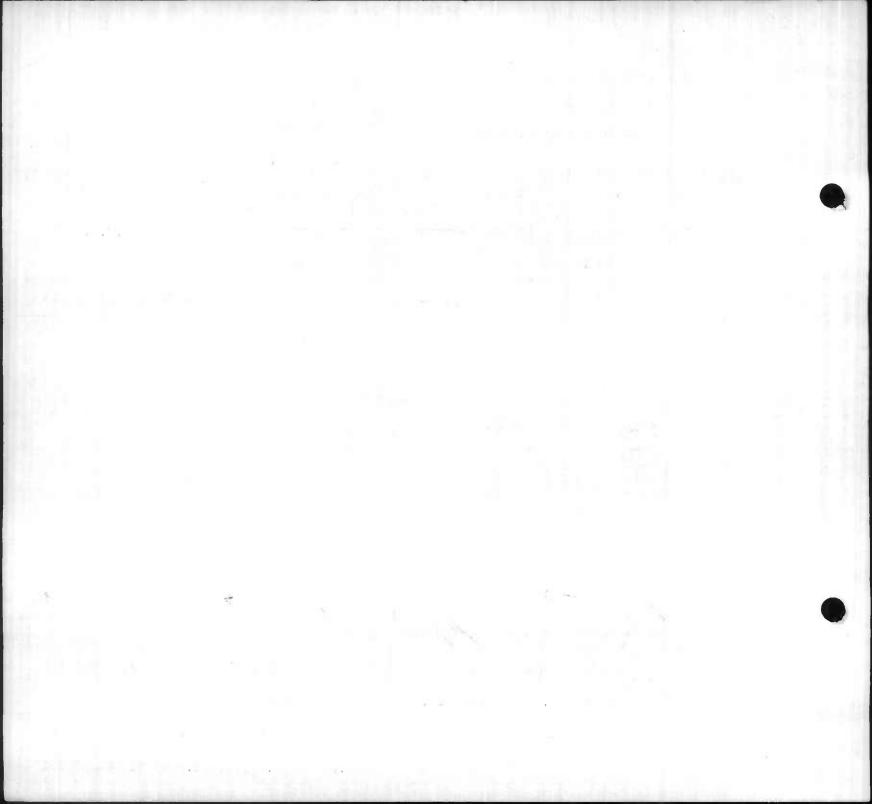
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

4037 Falls Road, Baltimore Edward L. Glassman, M.D.

Director

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Churchville, New York 1 - 28 - 65REMOVAL

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm.Cook, Inc., 1217 St. Paul Street, 21202



MEDICAL FXAMINER'S CERTIFICATE OF DEATH Registered No.

	MILDICAL	EXMANIII AEK O	CERTIFICATE	OI DL	74111
LE CASE NO.					

1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD F. GEORGE AMSEL January 25, 1965 10:30 A. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR

> Baltimore D. STREET ADDRESS (If rural, give location)

JOHNS HOPKINS HOSPITAL

22 N. Chester Street 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Male WIDOWED, DIVORCED(specify) lost birthdoy Months , Doys , Hours , White married Dec. 26, 1938 26 XX 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Penitentiary Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Edward Amsel Helen (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16. SOCIAL

(Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. no Mrs.Kay Rosalie Amsel, 327 S.Chester Street

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C).

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

Yes 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, lom, loctory, sheet, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

UTING CAUSE OF DEATH. Home 22 N. Chester Street 21 D TIME (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Doy)

OF INJURY A WHILE AT (APPROX.) 9:55 NOT WHILE Shot self in head

I certify that I held an Inquiry Inspection ___ Autopsy 3 and that an this basis, death in my apinian

Suicide X rosulted fram: Notural couses Accident Homicide Undetermined monner

CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

1-26-65

(City, town, or county)

DATE SIGNED

(Stote)

EXAMINER'S NAME (Type) John E. Adams, M.D. 23C. NAME of CEMETERY of CREMATORY 23A. BURIAL CREMATION, 23B. DATE 23D. LOCATION

248 NAME OF REGISTRAR

Janey Mill

Glen Haven Cemetery

Glen Burniem Md

Wm.Cook, Inc., 1217 St.Paul STreet, 21202

VS 151-REV. 1/1/65

REMOVAL (Specify)

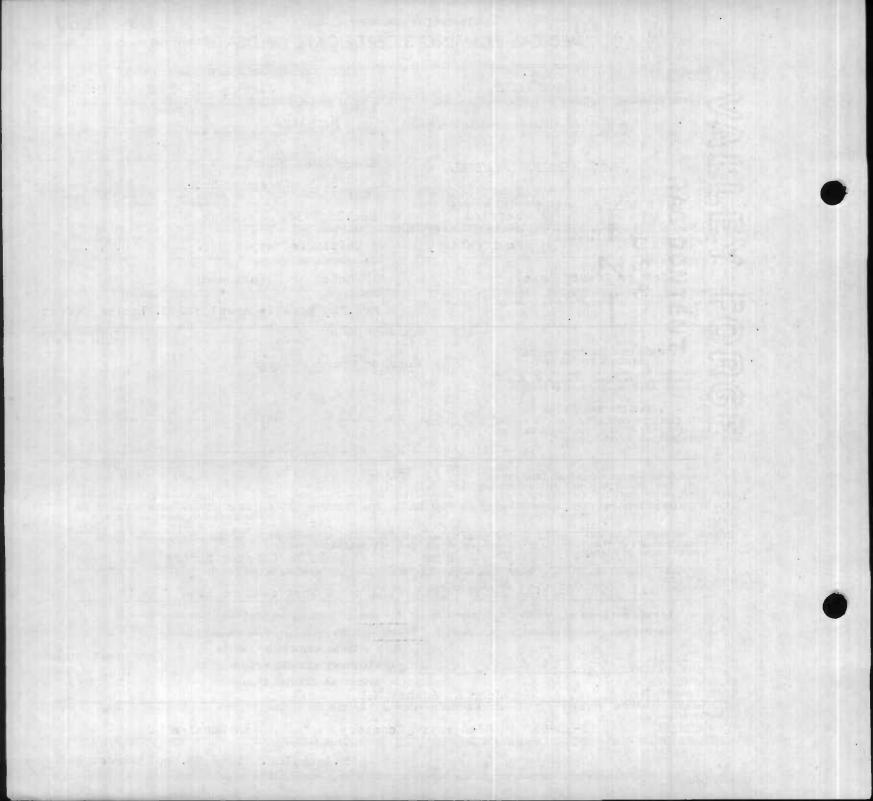
BURIAL

24A. DATE REC'D BY HEALTH DEPT.

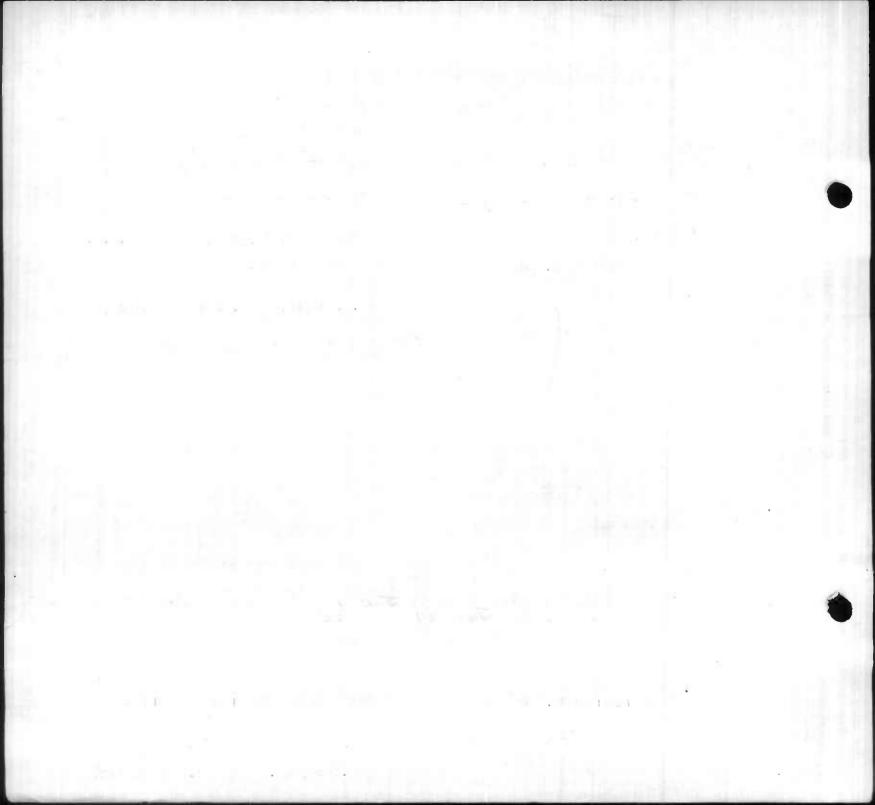
CERTIFICAT

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

1-28-65



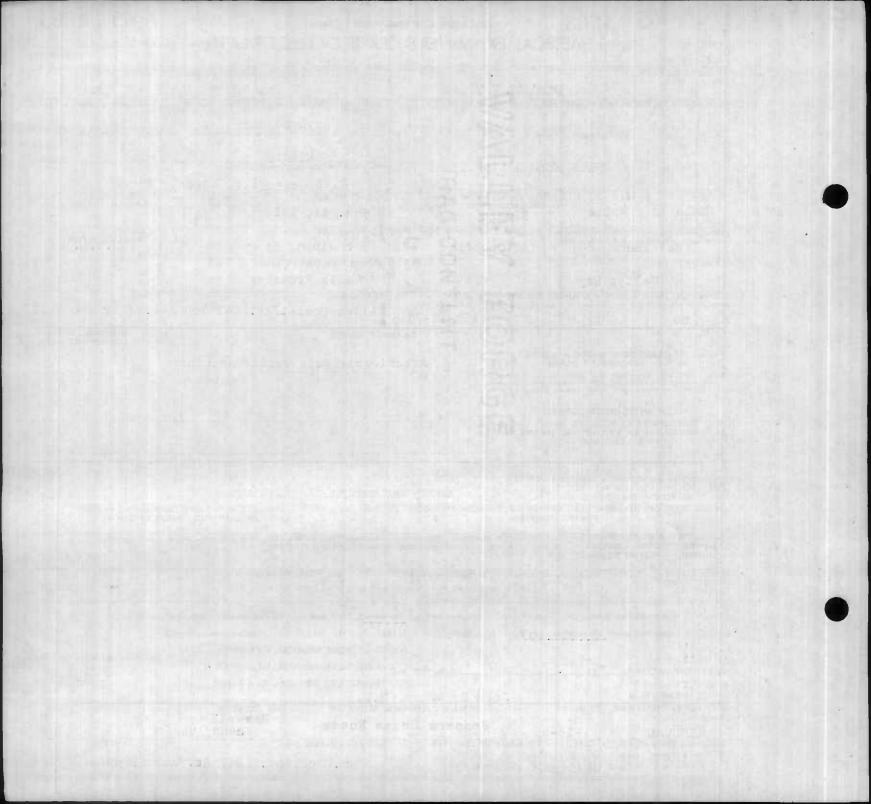
	B	ALTIMORE CITY HEALT	H DEPARTMENT		05 1001
	BIRTH NO. M.E. CASE NO. 65 1061	ERTIFICATE C	F DEATH	Registered Na.	65 1061
	1. NAME OF DECEASED (Type of Print) 3. PLACE OF DEATH IN BALTIMORE, WARYLAND	hy M	AL RESIDENCE (Where	HOUR OF DEATH	5 8 2 A M
	FULL NAME OF HOSPITAL OR oddress or locotion) INSTITUTION FULL NAME OF (If not in hospital or institution, give stree oddress or locotion)	1 W	OR TOWN (If out	side city limits, write RU	RAL ond give township)
3.	Johns Hopkins Hosp	D. STR	eet Address (II)	beeling	St.
is mad	5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR DIVOR DIVOR DIVOR DIPORTED DI OPENSINE	(CED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
isposition	done during most of working life, even if retired) Secretary		altimore, Mar		WHAT COUNTRY?
SIT	13. FATHER'S NAME	14. MC	THER'S MAIDEN NAM	AE	U.S.A.
spo	William E. Nuffer	Ag	nes McDonoug	gh	
0	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	URITY NO.	DRMANT		ADDRESS
=		Wm.	E.Nuffer, 38	B.Wheeling	Street, 21230
embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	(A) (P)	1	= metosk	INTERVAL BETWEEN ONSET AND DEATH
remains are	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B)			
e the	194. DATE OF OPERATION 198. CONDITION FOR WHICH C	PERATION 20A	AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
before		OF INJURY (e.g., in or obo- foctory, street, office bldg		(If in Boltimore (City, give exoct locotion)
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY While At Work	OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
must be obt	22. I certify that (I) (this hospital) attended the decethat (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (23A, SIGNATURE) 27 1	65 and the		
	William E. Grose	M.D. Attending Phys.	Director	Stoff Phys.	SO, DATE SIGNED
approval	WILLIAM E. GROSE			PKINS HOSP	ITAL
ritten a	BURIAL 2 1-30-65 Glen	Haven Cemeter	у	Glen Burnie,	
×	JAN 29 1965 Toler 258. NAME OF FEGS		FUNERAL DIRECTOR	1217 St.Pau	1 Street, 21202



	65	1062	E	SALTIMORE CITY HEA	LTH DEPARTMEN	Т		65	1000
BIRT	H NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Regist	ered No.	1062
-	CASE NO.								
1. N	e or Print)		TR CORRE	v.		_	HOUR PRONOUNC		m . 00
3. P	MINNIE COFFEY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A STATE	NCE(Where d	y 27, 1965 eccesed lived. If ins B. CO	titution: res	7:00 a M.
HO:	L NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW		corparate limits, writ	e RURAL	ond give townshipl
					D. STREET ADDR		ive location!	0/	
	University Hospital						vert St.		
	emale	white	Divor		Oct. 22,	1939	9. AGE (In years lost birthday)	Months	Pr. If Under 24 Hrs. Doys Hours Min.
done	Waitres	S life, even if retired)		BUSINESS OR INDUSTR	Kentu	cky	country	12. CITI: WH.	ZEN OF AT COUNTRY? U.S.A.
13. F	ATHER'S NAM	John Cas	tle		14. MOTHER'S MA Ketha		Men de		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.				17. INFORMANT Ketha C	astle.	Mount Ster	ADDRES	
	(This does not heard follows, injury or com	E OR CONDITION DI LEADING TO DEATH of meon the mode of osthenio, etc. If meons uplication which coused NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (AI S G CONDITION LAST.	dying e.g., the discose, death.l		iple traums	itic inj	uries		ONSET AND DEATH
CERTIFICATION	TO THE	II IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER	LATED TO THE	lG	20A. AUTOPSY?		OB. IF YES, WERE F		
MEDIC	21A, EXTERNAL UNDERLYING X UTING CAUS 21D TIME OF INJURY (APPROX.1	OR CONTRIB-	rl (Hourl 2	PLACE OF INJURY (e.g., form, foctory, street, Street IE. INJURY OCCURRED WHILE AT NOT AT W	in or about 21C. W office bldg., INJURY Ba	occur? eltimore	Washingto	n Exp	ressway
		JRE ER'S Pudi	rester	Suicident Suicident M.D	le Homicia	le Ur EDICAL EXA	MINER 🔼		DATE SIGNED 1-27-65
REA	BURIAL CREA NOVAL (Specify REMOVAL	MATION, 23B DATE	65 248 NAME	Martin Ceme of REGISTRAR	etery	L DIRECTOR	tgomer Cou		1/
VS	151-REV. 1/1/6	15				* 1			

STATE OF SCHOOL SELECTION P. 24m 15 1 12 1100 COURSE STATE OF STREET Paper and j

6.	5 1063		BALTIMORE CITY HEAL	TH DEPARTMEN	Т		65 1063
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF DEA	TH Registere	ed No
M.E. CASE NO.							COLD NUMBER
1. NAME OF DEC		R.			2. DATE AND HO		
		NDALL H				y 26, 196	
3. PLACE IN BALTI	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	ENCE (Where deced	sed lived. If institu	ution: residence before odmissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOW		orate limits, write	RURAL and give township)	
	UNION ME	MORIAL	HOSPITAL	D. STREET ADDR	imore ESS (If rorol, give Reese St.		Apts.
5. SEX Male	6.RACE White		NEVER MARRIED DIVORCED (specify) E	B. DATE OF BIRTH	9.	AGE (In years st bithday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
done during most of w	done during most of working life, even if refired) Salesman Automobile			Johns to		ntry)	WHAT COUNTRY?
Wa	3. FATHER'S NAME Walter Hay				Brubaker		
	(5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 159-14-7445			Allen Hos	stetler. 1		e.Baltimore 212
(This does n	I I I I I I I I I I I I I I I I I I I	dvina e.a.		OF DEATH		ascular disease	INTERVAL BETWEEI ONSET AND DEAT
DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatty metamorphosis of						
DISEASE OF	OPERATION 19B, CON WAS PERI	DITION FOR			(Yes or No) 208.		DINGS CONSIDERED
21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. W office bldg., INJURY	HERE DID (If in		
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	TE. INJURY OCCURRED WHILE AT NOT AT W	WHILE	OW DID INJURY O	CCUR?	
ACTUAL SIGNATI EXAMIN	ER'S	uses X A	Inspection Autocoldent Suicid	opsy Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	EDICAL EXAMIN	ermined monner	
NAME (1	MATION, 23B. DATE		hn E. Adams, C. NAME of CEMETERY of		23D. LOCAT		town, or county) (Stote)
REMOVAL (Specify REMOVAL 24A, DATE REC'D	1-26-		Jenners Cros	SS Roads		ell nnsylvania	ADDRESS
JAN 29		2.0				17 St.Pau	1 STreet, 21202



IMPORTANT DIRECTOR: FUNERAL

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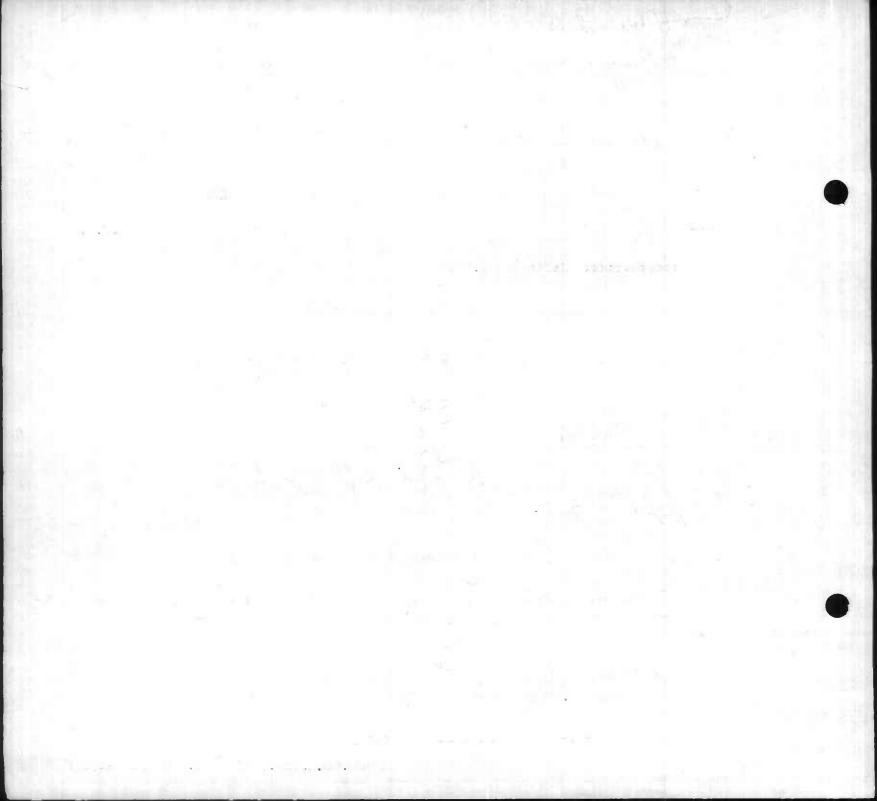
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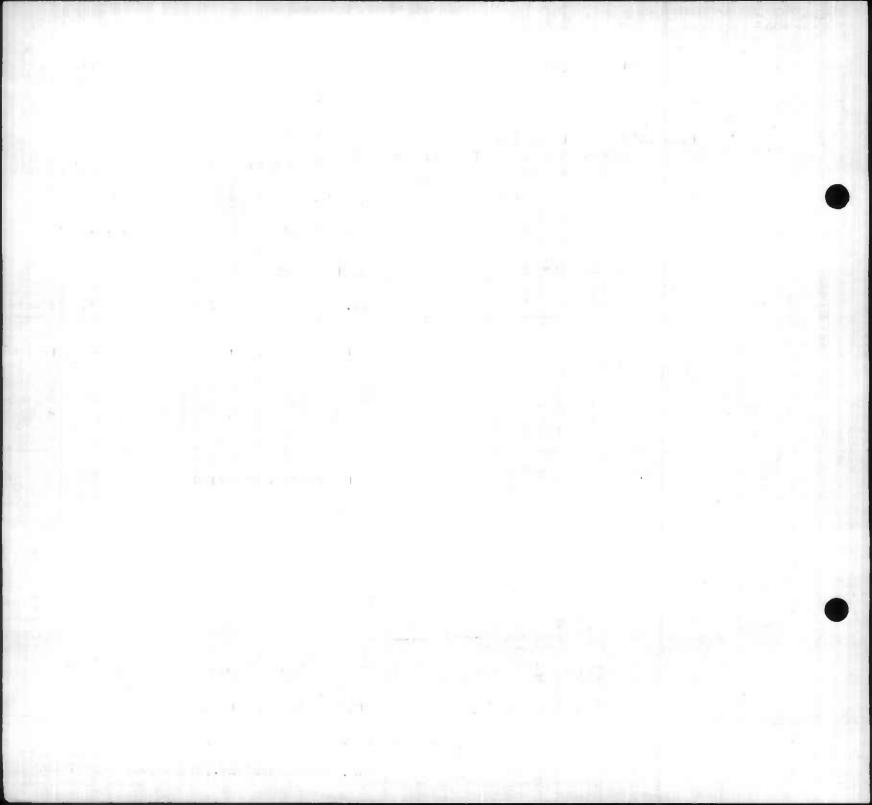
SO. of

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR/OF DEATH (Type or Print) 0 Mary 23 death. 3. PLACE OF DEATH IN ALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deseosed lived. If institution; residence before admission) ance COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR (If outside city limits, write RURAL and give township) attend 10 INSTITUTION Hospital Yara sheer. prior D. STREET ADDRESS (If rurol, give location) made. regular 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specify) ost birthdoy 70 XXX Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BARTHPKACE (Stote or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? = done during most of warking lite, even if retired) House Wi Maryland U.S.A. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the -unknown Raggle Jefferson T.Slorp ********* death LO 15. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL 17. INFORMANZ ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance CAUSE OF DEATH pronounced INTERVAL BETWEEN PP/ROVED ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, regular A injury or complication which caused deoth.) FICATION ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION OPERATION the WAS PERFORMED 165 Duodeno avrhi before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, jactory, street, office bldg., INJURY OCCUR? ere Ū (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examined etc.) × No obtained MEDI (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) OF INJURY (except Not While While At (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 23 65 pe that (1) (we) last saw the deceased alive an and that in (my) (pinian death accurred an the date eath) hospital and hour and fram the causes stated above (1) (We) (did) (did not) view the bady after death, must 23A. SIGNATURE 23B. DATE SIGNED O Attending Phys. Med. 0 approval 0 23C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) Bruce H. MacPherson M.D 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) D.O. REMOVAL (Specify) written 1-27-65 BURIAL Westminster Cemetery Westminster, Md Was 25A. DATE REC'D BY ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm.Cook, Inc., 1217 St.Paul Street, 21202 ō VS 150-REV. 1/1/65



		65 1065	BA	LTIMORE CITY	HEALTH DEPARTMEN	T	65 1065
SIRTH	NO. 64-1.	65~ 1065	CI	ERTIFICA	TE OF DEAT	H Registered No.	7.0
1. NA	ME OF DECE				2. DAT	AND HOUR OF DEATH	
		LOIS M GAME			II4 HEHAL BESIDENCE	1/25/65	11:45 A A
, FU	LL NAME OF	F (If not in hospital	or institution, give street		MARYLAND	HUDON	7-18
IN	STITUTION	oddress or location	.)			If outside city limits, write	RURAL ond give township)
		N'S HOSPITA			D. STREET ADDRESS	(If rural, give location)	
38	125 GR	EENSPRING A	VE BALTO	11, MD		CADIA AVE	
5. SE	F	6. RACE	7. MARRIED, NEVER N WIDOWED, DIVORC SINGLE	CED (specify)	8. DATE OF BIRTH 4/20/64	9. AGE (In years lost birthday)	Months Doys Hours Min.
		PATION (Give kind of work vorking life, even if relired)	10B. KIND OF BUSINESS	S OR INDUSTRY	Baltimore	r foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. F/	THEE'S NAM	\E			14. MOTHER'S MAIDEN	NAME	
		JACK GAM	BER		LOIS NALE		
5. W	os Deceosed	Ever in U. S. Armed Ford		AL IRITY NO.	17. INFORMANT		ADDRESS
		,, g	3200		Mrs.Lois Gam	ber, 3707 Arca	dia Avenue, Baltimo
1	8. 752	5 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIR	ECTLY	Con	0501711 05	n= 0.0=.0=	
(at mean the made of	dying, e.g.,	(A) CON	GENITAL HEA	RT DISEASE	BIRTH-DEATH
1	eoil failuie,	asthenia, etc. II means plication which caused	the disease,				
		NTECEDENT CAUSES		(B)	***************************************		*
1	DISEASES O	R CONDITIONS, if	any, giving	DUE TO			
		above cause (A) CONDITION last.	stating the	(C)			van dahridēte € veik va 000 ji 00 ji 00 ji 00 ji jamehrima 8 ji 000 ja di 000 ja ji 000 ja ji 000 ja ji 000 ja ji
-		11					
ATIC	TO THE DE	TICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	PPER R	ESPIRATORY		
ERTIFIC	A.DATE OF	OPERATION 198 CON	DITION FOR WHICH OF	PERATION	YES	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 2	R CONTRIBU	TING CAUSE OF medical examiner	21 B. PLACE O home, form, f	FINJURY (e.g., i octory, street, o	n or obout 21 C. WHERE DI	ID (If in Boltimor	e City, give exact location)
VEDI	ID. TIME F INJURY APPROX.)	(Month) (Doy) (Year)	(Hour) 2) E. INJURY (While At Work	Not While At Work	e	INJURY OCCUR?	
2	2. I certify	that (1) (this hospital) ottended the deceo	sed from SE	PT 16	19 64 to JAN	25 19 65
							nion death accurred on the de
a	nd haur and	from the causes stat	ed abave. (I) (14e) (d	ld) (didast) v	riew the bady after de	oth.	
2	A. SIGNATU	RE	00				23 B. DATE SIGNED
		Herry	F. tun	M.D. Atte	ending Med. Director	Stoff Phys.	1/26/65
2	NAME (Ty	N°S (pe)			23D. ADDRESS	,	
		HARVEY	L LEVY /			HOSPITAL	
24A.	BURIAL CREA	AATION, 24B. DATE	24C. NAME of C				ity, town, or county) (State)
	BURIAL	1-27-6	55 Calvary	Provider	ice Cemetery	Gamber, Man	ryland

VS 150-REV. 1/1/65

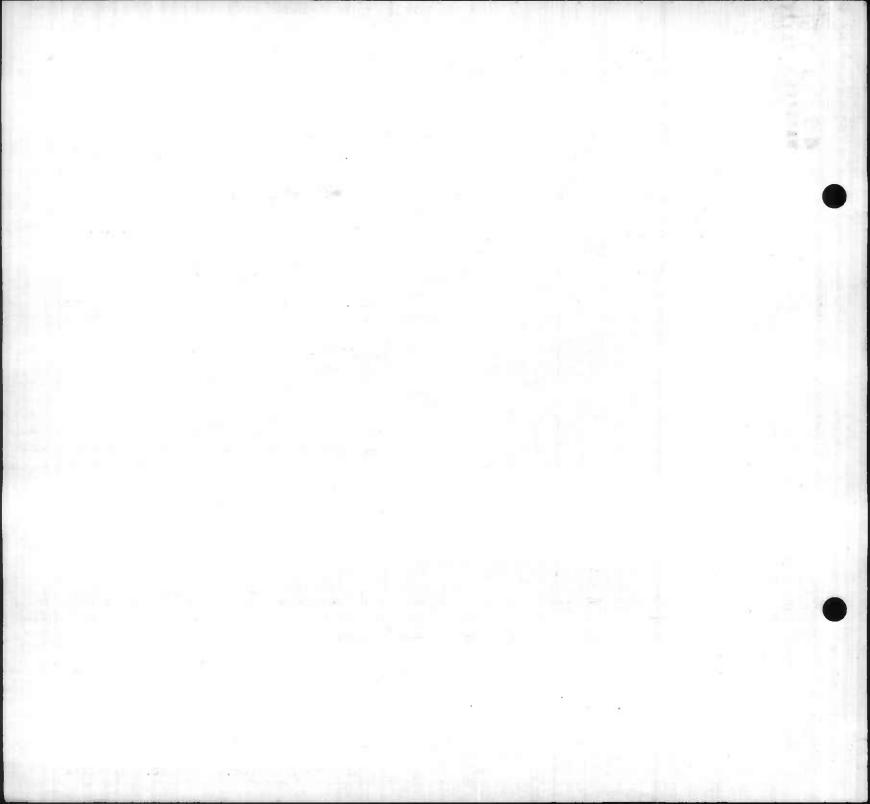


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made. FUNERAL DIRECTOR: IMPORTANT

1 27 6

1,587

	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 1066
BIRTH NO. 65 1066	CERTIFICA	ATE OF DEATH Registered No.	00 1000
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Kasset	2. DATE AND HOUR OF DEAT	65
PLACE OF DEATH IN BALTIMORE, MARYLAND	170000	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF (If not in haspital ar instituted address or location)	tian, give street	Maryland	7-93
INSTITUTION CONTRACTOR OF THE	in Washita	C. CITY OR TOWN outside city limits, writ	e RURAL and give Township)
Johns Jogen	The Marie	D. STREET ADDRESS (If tyrol, give location)	enear
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF PIRTH 9. AGE (In years last birthdon)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
X. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired) Housewife	D OF BUSINESS OR INDUSTI	West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Solaw Ma Co	sther	14. MOTHER'S MAIDEN NAME Makes Wright	
5. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	Mrs. Margaret Wilson, 260	ADDRESS O Maryland Avenue
18. 420, 1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		To Consestive	Heart Farlan ?
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	yocardial Infarction	
injury or camplication which caused death.)	(B) N	mocardial Infaction	
DISEASES OR CONDITIONS, if any, gi	DUE TO	7	2
rise to the above cause (A) stating UNDERLYING CONDITION last.		SCVD	0
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WEE	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not W Work At Wo		
22. I certify that (I) (has has tral) attend	led the deceased from	1/26/65 EPM 19 10 2	1/27 19 65
that (I) (S) lost sow the deceased alive	on 1/27/65 230	Am 19 65 and that in (my)	pinion death occurred on the do
ond hour and from the couses stated above			less DAYS SIGN
23A. SIGNATURE		Hending Med. Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S	P	23D. ADDRESS	1/2/105
DR. MICHAEL LE	SCH. M.		
	C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL 1-20-65	Lorraine Park	Cemetery Woodlawn	,Md
25A. JAN 29 1965 7 1. 658 EA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
/\$ 150-REV. 1/1/65		William COok, Inc., 1217	St. raul Street



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTME	NT	CF LOOK					
BIRTH NO. 65 1067 M.E. CASE NO.	CERTIFICA	TE OF DEAT	THX Registered No	. 65 1067					
(Type or Print) Wary MCD.	rath Gils	son &	Tan 25, 1	965 3,50 A M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			COUNTY	institution: residence before admission)					
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN	(If autside city limits, write	e RURAL and give township)					
Union Memorial Ho	spilal	D. STREET ADDRESS	(If rural, dive location)	11 615 Chat 4					
5. SEX 6. RACE 7. MARR	tED, NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 28 Hrs.							
	dowed	12-15-80	lost birthday!	Manths Days Hours Min.					
done during most of working lite, even if retired)	OF BUSINESS OR INDUSTRI	Mich!	6 a la	12. CITIZEN OF WHAT COUNTRY?					
13. FATHERS NAME		14. MOTHER'S MAIDE	NAME						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war at dotes at serving)	16. SOCIAL	17. INFORMANT	- Walke	ADDRESS A A A					
60		Son Edel	4.6:(50n	HH21 Marbleball,					
18. / DISEASE OR CONDITION DIRECTLY	CAUSE O	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH					
heart failure, asthenia, etc. II means the dise- injury ar camplication which caused death.)	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
ANTECEDENT CAUSES	DUE TO	0	N N N N N N N N N N N N N N N N N N N						
DISEASES OR CONDITIONS, if any, giver is to the abave cause (A) stating UNDERLYING CONDITION last.			## ###################################						
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING								
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., home, torm, foctory, street, o etc.)	in ar about 21C. WHERE iffice bldg., INJURY OCC	DID (If in Boltime UR?	ore City, give exact location)					
21D. TIME (Manth) (Day) (Year) (Hour) Of INJURY	21E INJURY OCCURRED While At Not Whi		ID INJURY OCCUR?						
(APPROX.)	Work At Work	1 16	1-15	I I					
22. I certify that (I) (this hespitel) attended that (I) (we) last saw the deceased alive	1 11	196/5	and that in (my) (house) as	plnion death accurred an the date					
and haur and fram the causes stated above	/			printed daying decision on the gold					
23A. SIGNATURE	(i) (uid) (gigan)	view life body diler d	ediii.	23 B. DATE SIGNED					
Charles J-Fl	McLe M.D. AH	ending Med.	Staft Phys.	Jan 25.1965					
23C. PHYSICIAN'S NAME (Type) CHARLES L. FLETCHER	M.D.	23D. ADDRESS	MEMORIA						
	Parsons Cemeter	EMATORY		(City, town, or county) (State)					
	ME OF REGISTRAR	Wm. Cook, I	RECTOR	Paul Street, 21202					
VS 150-REV. 1/1/6S									

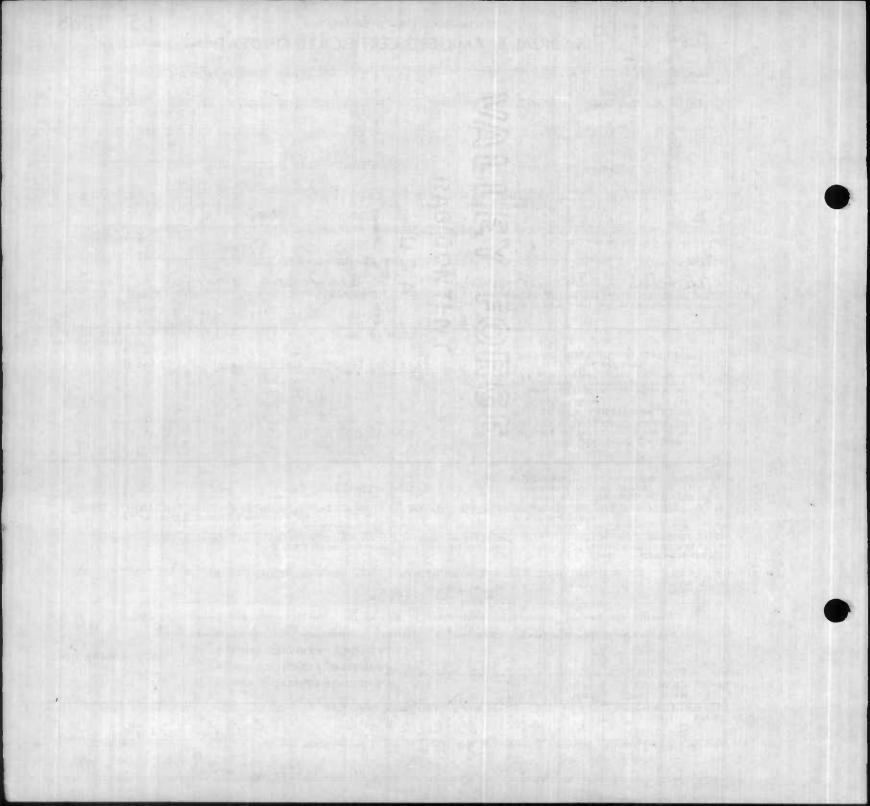
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BALTIMORE CITY HEALTH DEPARTMENT

65 1068

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

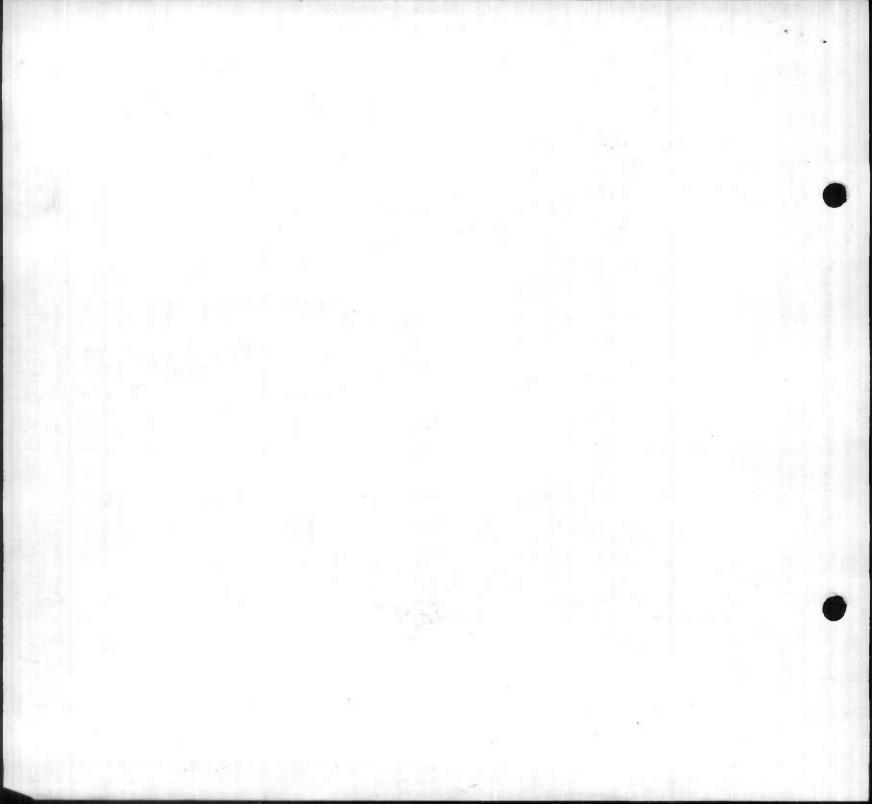
	71120	-//	WWW TENO C		AIL OI L				
M.E. CASE NO.	TEACED #				10.04.55	LIQUE BEQUAL	D 0410 01		
NAME OF DEC				2. DATE AND HOUR PRONOUNCED DEAD					
	Thomas (Fre	eze) S	zczukowski			. 30, 1965	2:05 A M.		
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						deceased lived. If inst B. COU	titution: residence before odmission JNTY		
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		aryland	cornorate limits, write	e RURAL and give township)		
HOSPITAL OR ADDRESS OR LOCATIONI NSTITUTION					altimore	corporore minis, wine	26-01		
Uni	on Memorial	Hospita	1		ADDRESS (If rural,	give lacation)			
				/1	609 Hazelw	and Pand			
SEX	6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs		
			DIVORCED (specify)	0	10 1001	last birthday)	Manths Doys Hours Min.		
Male	White	ma	rried	Dec.	10,1900	58			
	JPATION (Give kind of worl working life, even if retired)	10B KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
Shoot	4 4 .	natio	mal Can Co-	13.	alto, 1	701	W.S.A.		
FATHER'S NAM	NE NE	7,00,000		14. MOTHER	S MAIDEN NAME		37777		
apoli	naris Szc	ukow	ski	Su	sanna	Fryza			
	D EVER IN U.S. AKMED		16. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS 75		
, nu of unknown) (If yes, give war or date	s of service)	011 .0	mari	Secret	rouski o	0x589-25,		
13.0			216-01-4750	man	100	Sharon	Drive Blen ar		
1B. 4	1.1 4 35	0	CAUSE	OF DEATH			INTERVAL BETWEEN		
	SE OR CONDITION DI	RECTLY					Olisel Alle		
	LEADING TO DEATH		Arterio	sclero	tic Cardio	vascular Di	sease		
(This does a	nat mean the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO						
injury or cor	mplication which coused	deoth.l							
	ANTECENDENT CAUSES								
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (AI S'	TATING THE	DUE TO						
UNDERLYIN	UNDERLYING CONDITION LAST.								
5	(CL								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE	DISTANCE OR CONDITION CALIFORNIA IT								
_	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or Not 20 B. IF YES, WERE FINDINGS CONSIDERED					
3	WAS PER	FORMED			yes	IN CERTIFYING CAUS			
21A, EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,						
UNDERLYING	OR CONTRIB- SE OF DEATH,	home etc.)	, farm, foctory, street, o	ffice bldg., IN	JURY OCCUR?	or the control of the graph of the control of the c			
UTING CAU	SE OF DEATH,	610.7							
21 D TIME	(Manth) (Day) (Yeo) (Hourl 2	TE. INJURY OCCURRED	21	F. HOW DID INJU	RY OCCUR?			
(APPROX.I		V	WHILE AT NOT	WHILE					
m. WORK L AT WORK L									
	1 certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my opinion								
		497							
resul	ted fram: Natural ca	nsestr A	Accident Suicide			ndetermined manne	er		
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED								
	SIGNATURE June 1 Jan. 30, 1965								
EXAMIN		17	Mo Do		E MEDICAL EX		Jan. 30, 1703		
NAME (- /\	Adama	M D	AUDUCIA I	- MEDICAL LA				
BA. BURIAL CRE		. Adams	C. NAME of CEMETERY o	CREMATOR	Y 23D. 10	CATION (City,	, town, or county) (Stote)		
EMOVAL (Specify		165-10					,		
Bus	ial 1/3/	00	stoly U.	ass	1-	,A,Co.	Milos !		
4A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FU	NERAL DIRECTOR		ADDRESS		
	FED 1 SOCE	00	6 E. Farley M.A	011	0 07	21. Ala	007 Easterna		
	FEB 1 1965	Voice	O C' 1000000'	Wim	Sitral	KOUSRI 2	00/ casterna		
				177 700					



			RE CITY HEALTH DEPARTMENT
		RTH NO. 65 1069 CERTI	FICATE OF DEATH Registered No. 55 1169
	1.NA	NAME OF DECEASED Type of Print) MIChael L. Hawt. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 29 Ja 1 65 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY
/(HC	FULL NAME OF (If not in hospital or institution, give sheet oddiess or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Both more
	m 5. SE	Maryland Ganeral Hospit	D. STREET ADDRESS (If Turol, give locotion)
2 1		MIDOWED, DIVORCED (SP	secify) 5-6-07 lost birthdoy Months Doys Hours Min.
101101	done	one during most of working life, even if retired) Pipe fitter WS Coast G. SFATHERS NAME	WHAT COUNTRY?
2010	15. W	Amos Hawkins S, Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY N	Katherine WolfE
5		No 212-07-7	AUSE OF DEATH O CONE BLAN INFA ROTTON INTERVAL BETWEEN MHSSIVE O CONE BLAN INFA ROTTON INTERVAL BETWEEN MHSSIVE
	i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	Carotis arter 24 his Cound arter 2 ems sus attains as sus sois
	CERTIFICATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED CAratil Antery The Data Accident was underlying 218 Place of Inju	DN 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFICIAL CAUSES OF DEATH? RY (e.g., in or obout 21 C, WHERE DID (If in Boltimore City, give exact location) street, office bidg., INJURY OCCUR?
DO DOUBLE	MEDICA	DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR While At	
I De ODI	tl	22. I certify that (I) (this hospital) attended the deceased from	om 21 Jan 1965 to 29 Jan 1965,
2011 102		3A. SIGNATURE	A.D. Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 25 San 65
olddn llell		JOSSE MANCE 4A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETER REMOVAL (Specify) Burial 2-2-65 Holy Cr	M.D. G/ MGH RY OF CREMATORY 24D. LOCATION (City, town, or county) A, A, Co, Md ADDRESS
		FFB 1 1965 P. S. L. Faller S 150-REV. 1/1/65	MA Stralkowski 2007 Eastern any

and the control of the property of the control of t American Carlotte Comment was st. w the party Some Assure

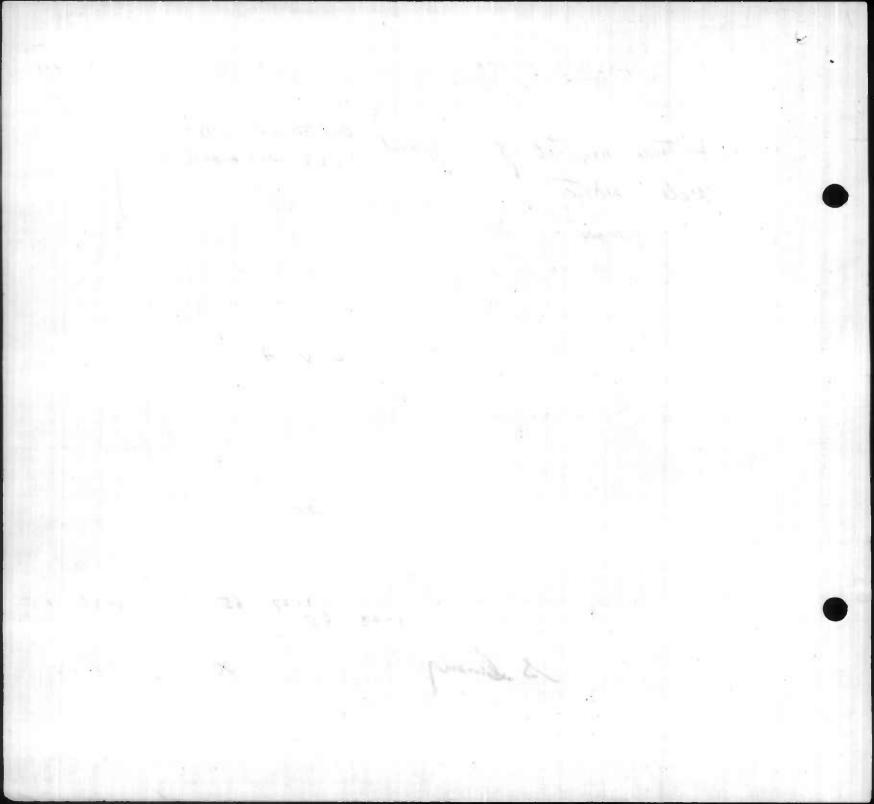
BRTH NO. 65 1070		HEALTH DEPARTMENT	tered No. 65 1070
M.E. CASE NO.	CERTIFICA	TE OF DEATH	
I.NAME OF DECEASED (Type or Print) IRENE TRAUB SN	IYDER	JANUARY 28.	ov 1
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			d lived. If institution; residence before admis
FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND	1301
HOSPITAL OR oddress or location) INSTITUTION	177 07	C. CITY OR TOWN (If outside city li	imits, write RURAL and give township)
ESPLANADE APARTMEN 2519-2525 EUTAW P		D. STREET ADDRESS (If rurol, give	lo cotion)
#17	LACE	2519-2525 EUTAW F	
TEMALE WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdo	yeors If Under 1 Yr. If Under 24 Months Doys Hours M
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	(T HOME	14. MOTHER'S MAIDEN NAME	0.071
JACOB TRAUB		MINNIE ?	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	SECONTI NO.	MR. WILLIAM HOFFENBE	ERG TITLE BUILDING
18. 170 Y	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	1)	- 1	T ONSEI AND DEATH
LEADING TO DEATH	(A) Ce	Curoux of the	an egealo.
(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the dise		when a state of the	. Reset
DISEASES OR CONDITIONS, if ony, givenise to the above couse (A) stoting UNDERLYING CONDITION lost.	the (C)		
TO THE DEATH BUT NOT RELATED TO	THE		
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF IN CERT	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If ffice bldg., INJURY OCCUR?	f in Boltimore City, give exact location)
OF INTILEY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?
(APPROX.)	While At Not Wh		
22. I certify that (I) (this hospital) attended	ed the deceased from	Dertember 1967	10 28 Clin 196
that (1) (was) last saw the deceased alive		19.6 S and that in (my)	(out) opinion death accurred on the
and hour and from the causes stated abov	4		
23A SIGNATURE		Med. Stoff	23B. DATE SIGNED
Illu 1. Mambrus	Ph Ph	ys. G Official Thys.	25 au 126
23C. PHYSICIAN'S NAME (Type)	h-Ch M.D	LOOK ST PROD	St. Ration
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CI	1001	(City, town, or county) (5)
REMOVAL (Specify)	MT. SINAI		LPHIA, PENNSYLVANIA
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
FEB 1 1965 (R.O.	BE Jacker M.A	SOL LEVINSON & BROS	.INC. 6010 REISTERSTOWN



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OF AOMA	BALTIMORE CITY HEALTH D		CE AONA					
BRTH NO. 65 1071	CERTIFICATE OF	DEATH Registered No.	00 1071					
M.E. CASE NO.		2. DATE AND HOUR OF DEATH						
1. NAME OF DECEASED (Type or Print)	44							
Levin, Fran	K·	1-28-65 RESIDENCE (Where deceased lived. If i	1115 pm M.					
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL	RESIDENCE (Where deceased lived. If i	nstitution: residence before odmission)					
	A. STATE	B. COUNTY	1- 11					
FULL NAME OF (If not in hospital or institution, gr		ARY LAND	13-09					
HOSPITAL OR oddress or location)	C. CITY OI	TOWN (If autside city limits, write	RURAL and give township)					
1143111011014	Ba	ltimare, MD.	/					
1 + +1 1	Ma M land D. STREET							
Lutheran Haspital of	mary eany	2	1.44					
	22	28 waterwook	inc.					
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED DIVORCED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.					
		3 C 2	Months Days Hours Min.					
Male marie								
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPL	ACE (Stofe or foreign country)	12. CITIZEN OF WHAT, COUNTRY?					
done during most of working life, even if retired)	11	Maryland	WHAT COUNTRY!					
Jelf-employed (Cph	olstery 7	rangeard	0.317					
13. FATHER'S NAME	14. MOTHE	PS MAIDEN NAME						
Amin Levin		Dana take						
		anna neer						
15. Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL 17. INFORM	ANT	ADDRESS					
(Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.							
NO	MRS. J	EANNETTE LEVIN 2228	WALBROOK AVE					
18. 2 2 1 1	CAUSE OF DEATH		INTERVAL BETWEEN					
DISEASE OF CONDITION DIRECTLY			ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1						
	(A) (* V . A .							
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. (1 means the disease,	DUE TO							
injury or complication which caused deoth.)								
ANTECEDENT CAUSES								
ANTECEDENT CAUSES	DUE TO							
DISEASES OR CONDITIONS, if any, giving								
rise to the above couse (A) stating the	(C)		, , , , , , , , , , , , , , , , , , ,					
UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
E TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING IT.	120.4	TORRUS (V No.) COR IS WES INCOME	TINDINGS CONSIDERS					
198. CONDITION FOR W	HICH OPERATION	TOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?					
198. CONDITION FOR WAS PERFORMED		NO						
U 21A. ACCIDENT WAS UNDERLYING [21B.	PLACE OF INJURY (e.g., in ar obout 21		re City, give exoct locotion)					
	e, form, foctory, street, office bldg., IN	JURY OCCUR?						
O I								
21D. TIME (Month) (Doy) (Year) Hour 21E.	INJURY OCCURRED 21	F. HOW DID INJURY OCCUR?						
S OF INJURY	e At Not While							
(APPROX.)								
22. I certify that (1) (this haspital) attended th	a deceased from	1 27 10 / 54-	1 20 10 / 1					
	a dacadsad irom		1-38 1965					
that (I) (we) last saw the deceased alive an	1-2-3-19	and that in (my) (aur) ap	inian death accurred on the date					
and haur and from the causes stated above. (1)								
23A. SIGNATURE	A TOTAL TOTAL TIME DU	-, vvaiii	22 P DATE SIGNED					
230. SIGNATURE			23B, DATE SIGNED					
1 . /	M.D. Attending Phys.	Med. Director Phys.	1-28-65					
23C. PHYSICIAN'S	23D. ADDRE							
NAME (Typel S. Gerami	250. ADDRE		0					
D. Geraur	M.D. que	heran Sloopela	P					
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREMATORY	24D. LOCATION (C	City, town, or county) (Stote)					
REMOVAL (Specify)								
BURIAL 1/29/65 ANS	HE EMUNAH AITZ CHAI	M BALTIMORE	MARYLAND					
FED 1 1005 A A	C Ata Denna doi 1	NERAL DIRECTOR EVINSON & BROS. INC. 6	010 REISTERSTOWN RD					
FED 1 1300 (200)	C' MONDON JOL D	LY 1.13011 9 DICO3 114010						



contributing cause (4) Undetermined cause; occurred regular eceased death 2 ŏ Was the IMPORTANT eath LO kind; attendance any pronounced Also, of fracture the chief medical examiner FUNERAL DIRECTOR: examiner. regular ho 4 3 <u>ල</u> physician Was medical burns; physician Body 0 O by 3 ere to the hospital °N ×h any nature; by 9 approved pt exce) and of hospital death) the body was released An accident certificate must 0 O prior at

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(5) Deceased

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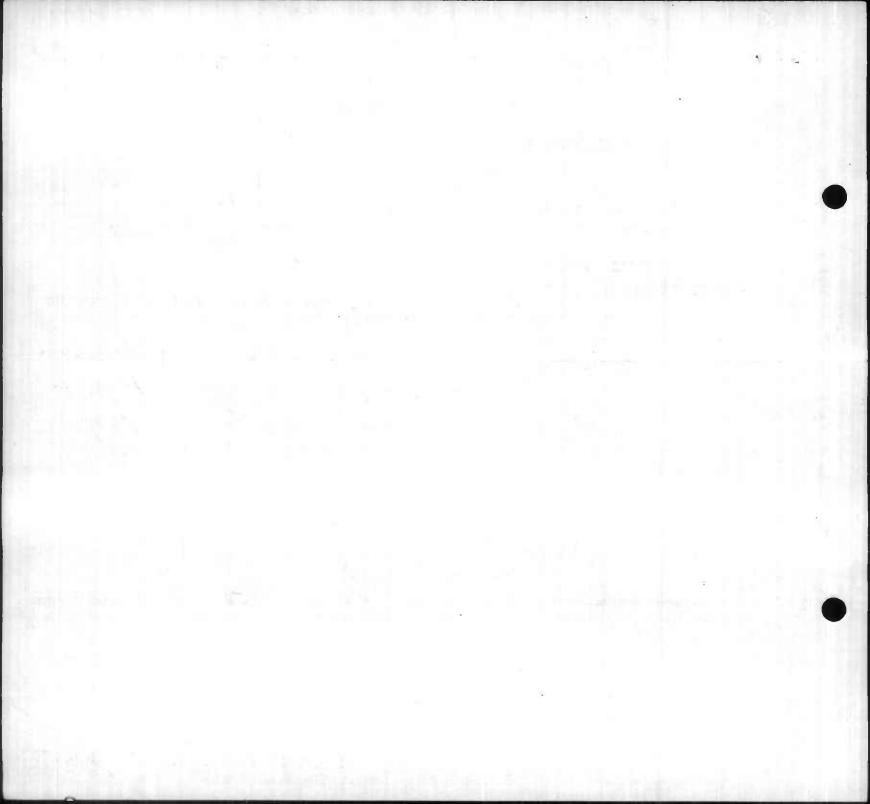
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type ar Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ESIDENCE (Where deceased lived. If institution: residence befare admission)
B. COUNTY 4. USUAL FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 9. AGE (In years lost birthday) is mad 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND) OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition USA 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL ADDRESS final 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ATHEROSCLEROTIC CARDIOVASCULAR DISTAGE ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that 🕼 (this hospital) attended the deceased from 19.6.7 and that in (aur) apinian death accurred an the date Pe that (1) (we) last saw the deceased alive an 1/25 and haur and fram the causes stated abave. (4) (We) (did) (Allians) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director L Phys. written approval 23C. PHYSICIAN 23D. ADDRESS NAME (Type M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 1/29/65 FORBAND BALTIMORE MARYLAND 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS



				BALTIMORE CITY	HEALTH DEPARTMEN	T	65	1079
	65	1073		CERTIFICA	TE OF DEAT	H Registered No	•	TOIO
M.E. CA 1. NAME (Type or	OF DECEASE	REBECCA	GOLDMA	N	JAN	E AND HOUR OF DEATH	10.	:30/
3. PLAC	OF DEATH I	N BALTIMORE, MA	RYLAND			Where deceosed lived, If	institution: lesidence	before odmi
HOSPI	NAME OF TAL OR UTION	(If not in hospital oddress or location		give street	MARYLAND C. CITY OR TOWN	(If outside city limits, write	RURAL ond give to	wnship)
2	S	INAI HOSPI	TAL		BALTIMORE D. STREET ADDRESS 4921 QUEEN	(If rusol, give location) USBERRY AVENUE	<u> </u>	
5. SEX	ALE 6. RA	WHITE	7. MARRIED WIDOWE	NEVER MARRIED D. DIVORCED (specify) MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hours A
done duri		ig life, even if retired)		F BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COU	NTRY?
	ERS NAME			110,110	14. MOTHER'S MAIDEN			
	ISA	AC OFSKY			?			
5. Was	Deceased Ever	in U. S. Armed Fores, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
NO.	, ,			NO	MR. ABRAHAM	GOLDMAN 492	1 QUEENSBET	RRY AVE
18.	260	X I		CAUSE O				AL BETWEE
		R CONDITION DIR	ECTLY	G.	T. Colon	43-	1. 1	11
(Thi		DING TO DEATH	dvina. e.a.	(A) DUE TO	nee cour	av)	sua	au
hea	I failure, asth	enia, etc. Il means ilian which caused	the disease					,
inju		CEDENT CAUSES	dedili./	(B) HA	SCUD		rough	1 +
DISI				DUE TO	1 1	-01		
iise	ta the at	CONDITIONS, if		(c)	ente Colon SCVD expetes pe	elelus	200	m.
UNI	DERLYING CO	NDITION last.						
₩ TO	THE DEATH	NT CONDITIONS C BUT NOT RELA DITION CAUSING I	TED TO TI	NG HE				
U 19A.			DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERI	E FINDINGS CONSIL	DERED
19A.								
OR DEA	ACCIDENT WE CONTRIBUTION OF THE (notify med	AS UNDERLYING CAUSE OF] 21 ho	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o :.)	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Bo)time R?	ore City, give exact	locotion)
□ 21 D.	TIME (Mo	inth) (Doy) (Year)		E. INJURY OCCURRED		NJURY OCCUR?		
(APP	ROX.)			hile At Not While Ork At Work			1	
22.	certify that	(I) (this hespital) ottended	the decessed from	mn 20	19 5 2 to X	timury ;	7 19
that	(I) (wo) lost	saw the decease	d alive an.	Jan :	27 19 65 or	nd that in (my) (out o	pinian deoth accu	rred on t
and	hour and fra	m the causes stat	ed abave.	(I) (Ne) (did) (did not)				
	SIGNATURE	1 /11	M .		/		23 B. DAJE SIGN	FD
	do	est li.	Wate	han M.D. Att.	ending Med. Director	Stoff Phys.	1/28/6	5
23 C.	PHÍSICIÁN'S NAME (Type)	To - 011	c 11		23D. ADDRESS	ECTEDAT	D	1
		105 6 17 17 (IVIA	TCHAR M.D.	60 d1 /	CISIEKS 10	www ra	
	RIAL CREMATI		24C. N	NAME OF CEMETERY OF CR	EMATORY 2	D. LOCATION	City, town, or county	()
	URIAL	1/29/6	5 RI	UDOMER VEREIN		BALTIMORE,		
25A. DA	TE REC'D BY	HEALTH DEPT.	25B. NAME	OF REGISTRAR	SOL LEVINS	SNº & BROS. INC	6010 RE	TSTER!
	LLC	7 (303	Valent	TC, Vandou M.A.	JOL LEVENS	011 0 01100 0110	•	

BURIAL 1/29/65
25A. DATE REC'D BY HEALTH DEPT. 1965 VS 150-REV. 1/1/65

RD



death assistant if IMPORTANT or his the chief medical examiner FUNERAL DIRECTOR:

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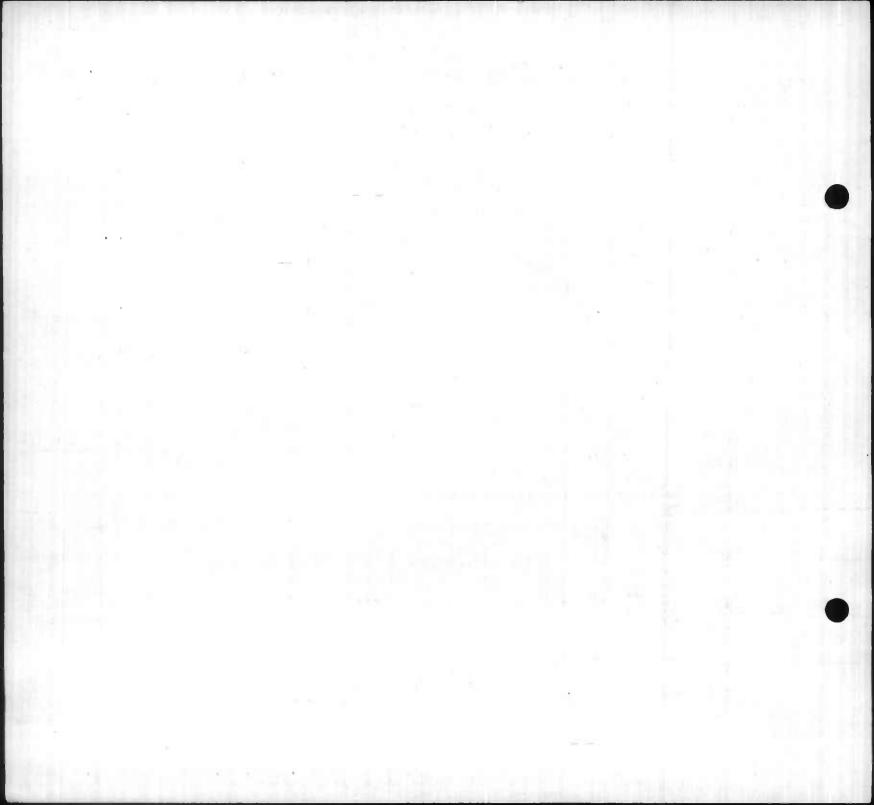
rect or contributing cause of death (4) Undetermined cause; (5) Deceased

hospital

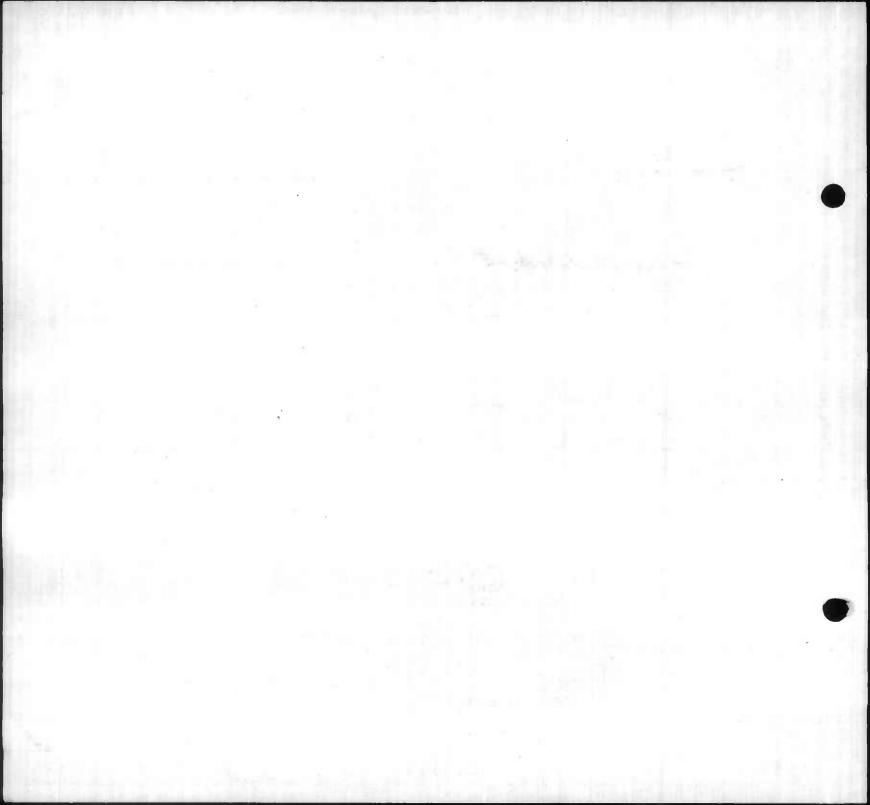
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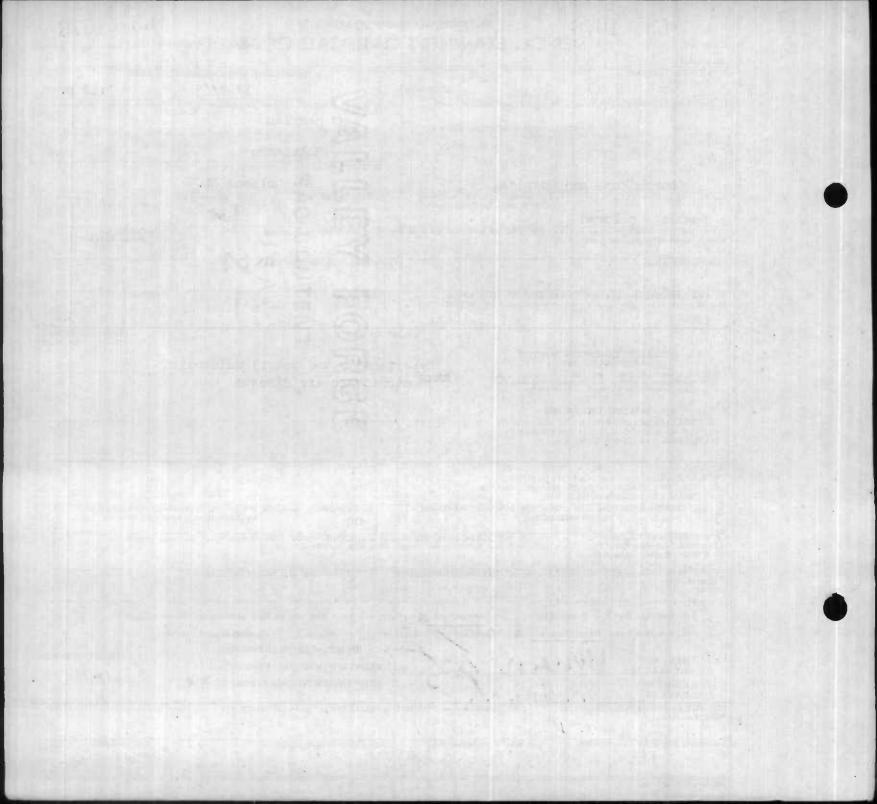
BALTIMORE CITY HEALTH DEPARTMENT 1074 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Morton A. Gansey 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
A. STATE ,8. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL Franklin Square Hospital D, STREET ADDRESS (If rurol, give location) 1602 Hollins St. is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Days Hours WIDOWED, DIVORCED (specify) last birthday! Wh Male Harried IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF or final disposition WHAT COUNTRY? done during most of working life, even if retired) Russia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 1602 Hollins St. 16 Edith Gamsey. 110. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the be obtained before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, lorm, factory, street, alfice bldg., INJURY OCCUR? (II in Baltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) (Month) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Wark Work 22. I certify that (I) (this hospital) attended the deceased fram and that in (my) (our) apinian death occurred on the date that (1) (we) last saw the deceased alive an. and hour and fram the causes stated abave. (1) (We) (did) (dld nat) view the body after death. must 238. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director M.D. Staff Phys. written approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MORRIS M.D. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Baltimore National 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Thomas J. Kehny, Inc. 1600 Hollins St.



		BALTIMORE CITY	HEALTH DEPARTMENT		CE ADME
	TH NO. 65 1075	CERTIFICA	TE OF DEATH	Registered No	65 1075
1.1	NAME OF DECEASED pe or Print) WILMO	RE, JAM	ES 2. DATE AN	N. 29 19	GST 11:48PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	b	4. USUAL RESIDENCE (When	e deceased lived of instit	lution: residence before admission)
	FULL NAME OF (If not in hospital or insti HOSPITAL OR address or tocotion)	itution, give street	C. CITY OR TOWN III out	ICAND side city limits, write RUI	12 -0 5 RAL ond give township!
JI I	Vartoulle CLA	Haca All	BALTIA	40KE 2	
	Monucello Stree	or Just	D. STREET ADDRESS III	rural, give location)	0457
5.		ARRIED, NEVER MARRIED DOWED, DIVORGED (Specify)	5. DATE OF BIRTH /07	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
do	K. USUAL OCCUPATION (Give kind of work) 108, KI to during most of working life, even if retired) STEEL WINCESE	SHEE!	So. CAR	an country)	12. CITIZEN OF WHAT COUNTRY?
13.	HENRY WILM	ORE	DA.I.SY	76500	1,250 X
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give war ar dates of se	16. SOCIAL SECURITY NO. 2/8-09-6	17. INFORMANT 624 E42	A WILMUR	E. 1602 BARCLAY
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	. Heat	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury or complication which caused deoth.	isease,	Proces	1	1
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, rise to the abave cause (A) slotin UNDERLYING CONDITION last.		00000 0 v k 8 0 0 0 v v 0 0 0 k k 0 0 0 0 0 0 0 0 0 0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING CEAC	bul Thon	botis	2 mos.
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	while At Not While Work Not Work	21F. HOW DID INJI	URY OCCUR?	
	22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased all v	1. 2	19 6 ond the	g () to to aplnic	on death occurred on the date
	ond hour and from the couses stated ob	ove. (1) (We) (did) (did not) v			
	Berber Mr	rener M.D. Atter	nding Med.	Stoff Phys.	3B. DATE SIGNED
	23C.PHYSICIANS NAME (Type) Reubin G	uerrero M.D.	3D. ADDRESS My Loket	le Stil	topeful.
24.	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town, or jounty) (State)
1	BuriAl 2-3-65	CARVER MEMO	RIAL MARK LI	AUREL, MA	ryhod
25.	A. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Jan 9 1735	Herford ave.
VS	150-REV. 1/1/65	ELLI CI MANDEL MA	I farmer w.	Jana, p.	<u>/</u>



65 1076 BALTIMORE CITY HEA	LTH DEPARTMENT 65 1076
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
PEARL FITZGERA	7936
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
	D. STREET ADDRESS (If rurol, give locotion)
Church Home and Hospital	1101 Orleans St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.
female colored Widow	4-2-1908 36
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
fleusewi FE	Columbia, S.C. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK ANDERSON	EFFIE!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS 764 LINNARD St.
NO 219-22-452	5 MPS SANDE SVE
	E OF DEATH INTERVAL BETWEEN
4491	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HYDER	tensive and arteriosclerotic
This does not mean the mode of dying e.g.	rdiovascular disease
injury or complication which coused death.)	alovasoular alboaso
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	LOGA ALIZOROVA (V NAL 200 IE VEC WERE EMPINOS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	office bldg., INJURY OCCUR?
<u>=</u>	
OF INJURY	
(APPROX.) WHILE AT NOT AT V	WHILE OF THE PROPERTY OF THE P
22. I certify that I held an Inquiry Inspection X Au	stapsy and that on this basis, death in my apinlan
resulted fram: Natural causes X Accident A Suicio	
Accident Accident Accident	
ACTUAL MANA 10 5 -	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.C.	ASSOCIATE MEDICAL EXAMINER 1/29/65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER X
NAME (Type) W. U. Spitz. M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
JURIA L-1-13 INT. CAIVA	RY MAN ARUNDE (CO., Md.)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 1735 Harfall Co
LED I 1202 Alexan 5. Marsagnin	When fell W. lones h. forgung.
VS 151-REV. 1/1/65	11/20101

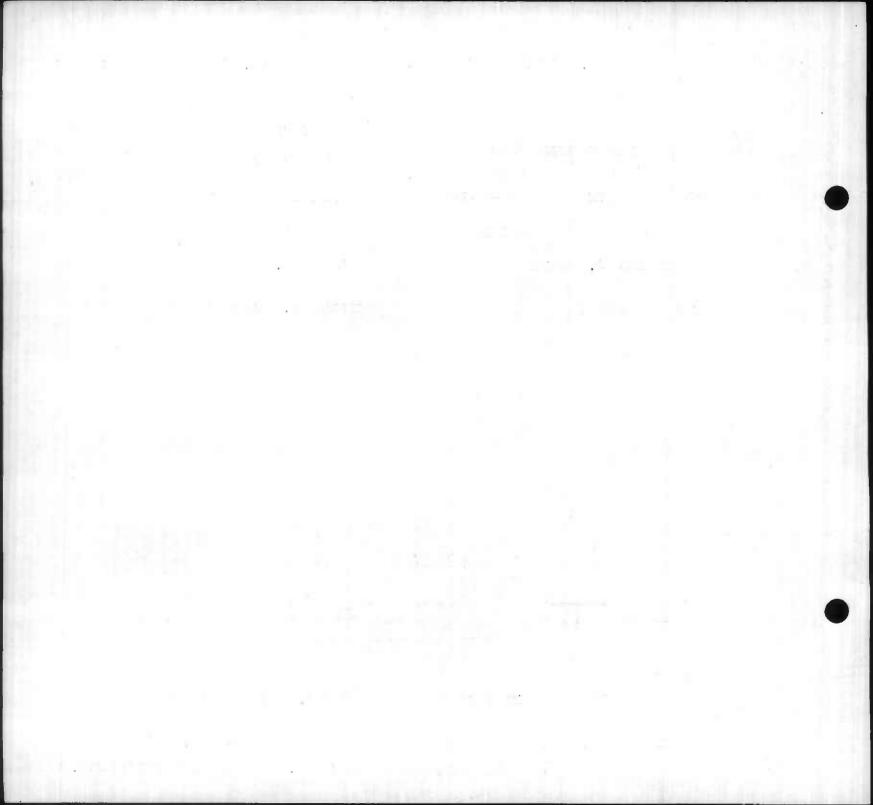


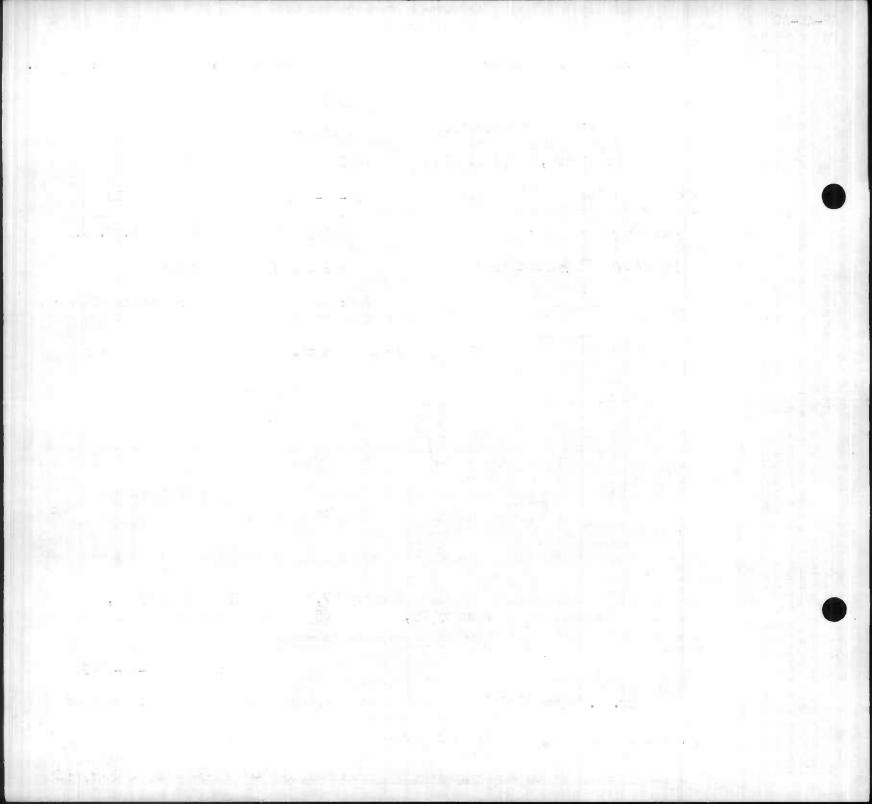
101	BALTIMORE CIT	Y HEALTH DEPARTMENT C5 40777
(5) Deceased dance on the	BIRTH NO. 65 1077 CERTIFICA	ATE OF DEATH Registered No. 65 1077
	T. NAME OF DECEASED (Type of Print) DR. WILLIAM ARTHUR DARBY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH JAN. 27, 1965 5:30 am A. STATE B. COUNTY JAN 27, 1965 5:30 am A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address ar location) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	211 GOODALE ROAD	D. STREET ADDRESS (If rurol, give locotion) 211 GOODALE ROAD
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) dane during most of working life, even if retired) SURGEON MEDICINE	MARYLAND WHAT COUNTRY? USA
	RICHARD J. DARBY	LAURA G.
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)(If yes, give war ar dates of service) T. T	17. INFORMANT ADDRESS LILLIAN B. DARBY 211 GOODALE ROAD
	420,	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	realy / frield week failer 4 weeks. there-selectes 1 persons 12 years: your occlusion 5xc 1953
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
	21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED While At Work Not W	k 🗀
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last sow the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did not)	
	23A. SIGNATURE M.D. A	thending Med. Staff Phys. 1/28/65 23B. DATE SIGNED 1/28/65
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	REMATORY 24D. LOCATION (City, town, or county) (State)
	FEB 1 1965 Repub E Galley M. A.	2SC. FUNERAL DIRECTOR HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

BURIAL 1/30/65 LOUDON PARK CEMETERY

25A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAR | 25C. F

FEB 1 1965 (Rule & Failer M.M.) | HOT

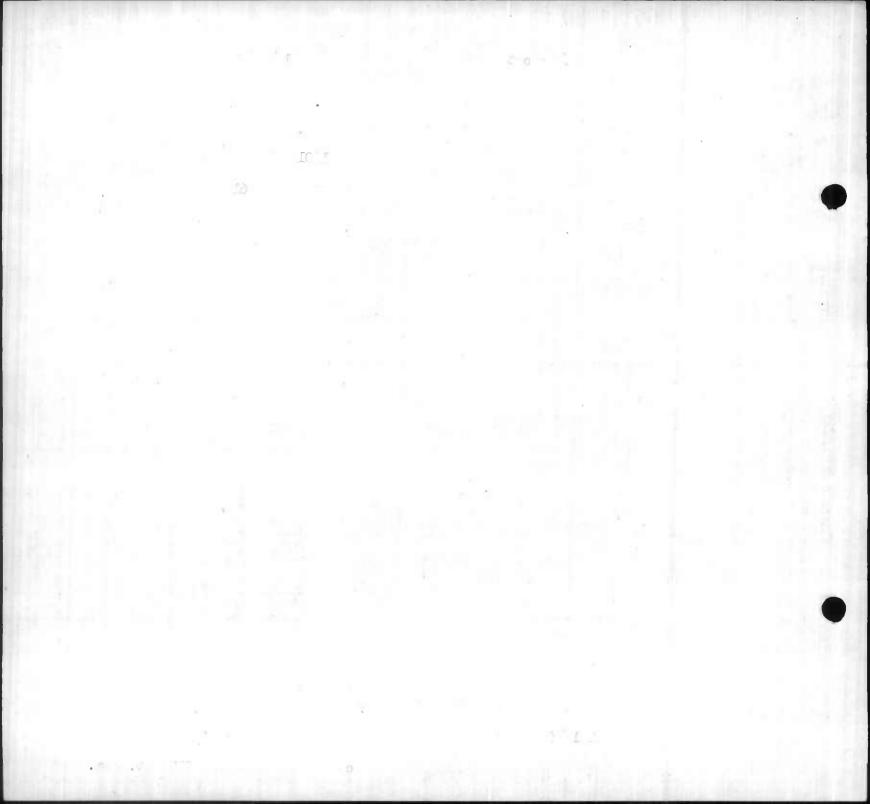




CF ADEO	BALTIMORE CITY	HEALTH DEPARTMENT		CE	4000
BIRTH NO. 65 1079 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65	1079
.NAME OF DECEASED Type or Print) Henritta E. RIPN	ICK		and hour of death		3130 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give		4. USUAL RESIDENCE (WI A. STATE B. COL Md.	nere deceosed lived. If in INTY	2 5	e before odmissian
HOUSE in the Pines		c. city or town (If a		RURAL ond give	township)
Bel-Air Rd.			If turol, give locotion)		
F W Single	DIVORCED (specify)	1. 14- 1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF B done during most of working life, even if retired) None	USINESS OR INDUSTRY	Maryland		12. CITIZEN O WHAT CO	UNTRY?
13. FATHERS NAME Charles Ripnick		14. MOTHERS MAIDEN N Emma Bra	ame indt		
	6. SOCIAL SECURITY NO.	17. INFORMANT Family	Tal.	Same	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	CAUSE O	F DEATH	Édena		VAL BETWEEN T AND DEATH
heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) Clar	to Pulmoney to Myoudist	defection	n	~
rise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(0)	ended the		1 400	
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED WAS PERFORMED WAS UNDERLYING 21B. PI home, or CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	HICH OPERATION Colour LACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or land) or obout 21C. WHERE DID INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSUSES OF DEATH	1?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. III OF INJURY (APPROX.) While Work	NJURY OCCURRED Not While At Work		NJURY OCCUR?		
22. I certify that (I) (Nice has piral) attended the that (I) (was) last sow the deceased alive an	1. 2	Sup 16 and	19 67 ta	nion deoth occ	2J 19 GT
ond hour ond from the couses stated obove. (I) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Albert B. Bradley	M.D. Atte	ending Med. S. Director	Stoff Phys.	238. DATE SIGN	NED
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify) Burial 1 29 65 Mt.	Carmel Cem	MATORY 24D.		ty, town, or cour	Md.
FEB 1 1965 Register of the state of the stat	E tarbey M.A	McCully 2			DDRESS

Ocate Porture Sur and prome to be to of the of Mer O andy

	65 1080	BALTIMORE CI	TY HEALTH DEPARTMENT		65 1080
BIRTH NO.	2000	CERTIFIC	ATE OF DEATH	Registered No.	00 1000
1. NAME OF C		eLost	2. DATE /	AND HOUR OF DEATH	12-307
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. II in	nstitution: residence belare admission
FULL NAM	OR address at lacotio	ar institution, give streot	MD.	outside city limits, write	RURAL and give township)
10(TUTITZMI	SBGH		BALTO.		NONTE ON STOTO TO WITCHIP!
2				DDOX SI.	
5. SEX	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8/20/03	9. AGE (In years loss inthday)	II Under 1 Yr. II Under 24 Hr. Manths: Doys Haurs Min.
done during mos HOUS	CCUPATION (Give kind of work t of working life, even if retired) EWIFE	TOB, KIND OF BUSINESS OR INDUST	MD .	roign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S F	ANK ZUELKE		14. MOTHER MADEL	MIDT	
15. Was Doceo (Yes, no or unkno	sed Ever in U. S. Armed Fo awn) (II yos, give wor or dot	16. SOCIAL SECURITY NO.	17. INFORMANT FAMILY		ADDRESS SAME
1B.	IVI	CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION DI	RECTLY	ngolston inge uper	of Kho Lack	ONSET AND DEATH
(This doe	s not mean the mode of	dving, e.g., DUF TO	11111111111	/	3 Jeans
heart failu	ne, osthenio, etc. Il means complication which coused	the disease,		1	K
Injuly of	ANTECEDENT CAUSES	(B) C	rife upper	mediasti	na
DISEASES	OR CONDITIONS, if	DUE TO	trass.		
rise lo	the above couse (A)				
UNDERLY	ING CONDITION last.				
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL. OR CONDITION CAUSING	CONTRIBUTING ACTED TO THE	le respisat	my disea	se 5 days
19A.DATE	OF OPERATION 198. COM	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING [RIBUTING CAUSE OF Offy medical axomined	218. PLACE OF INJURY (e.g. hamo, larm, factory, street, otc.)	alfico bldg., INJURY OCCUR?	(II in Bo)timo	e City, give exact locotion)
21D. TIME OF INJURY (APPROX.)		(Hour) 21E INJURY OCCURRED While At Work At Wo	21F. HOW DID II	NJURY OCCUR?	
22. I cert	ify that (1) (this hospita	I) attended the deceased from	Jan 18 1962	-1962 10 to	m. 2 J 1965
thot (1) (1	we) lost sow the deceas	ed olive on Jan - 25		V	Inion deoth occurred on the do
ond hour		ted above. (We) (did) (did not)	view the body ofter deoth	10	
7	more Nea	Cercel M.D. A	Attending Med.	Stoll Phys.	23B. DATE SIGNED
23C. PHYSI NAM	CIANS E (Typo) DMRF	NEUBAUERMI	23D. ADDRESS Pa-	tapsco 1	AVE.
24A. BURIAL OREMOVA	L (Specily)	24C. NAME of CEMETERY OF CEDAR HILL		LOCATION (C	ity, town, ar county) (State)
	C'D BY HEALTH DEPT.	258. NAME OF REGISTRAL	25C. FUNERAL DIRECT		ADDRESS
	FEB 1 1965 (Robert E. Jankey M.A.	McCULLY FUNE	RAL HOME 237	Pat. Ave.



hospit

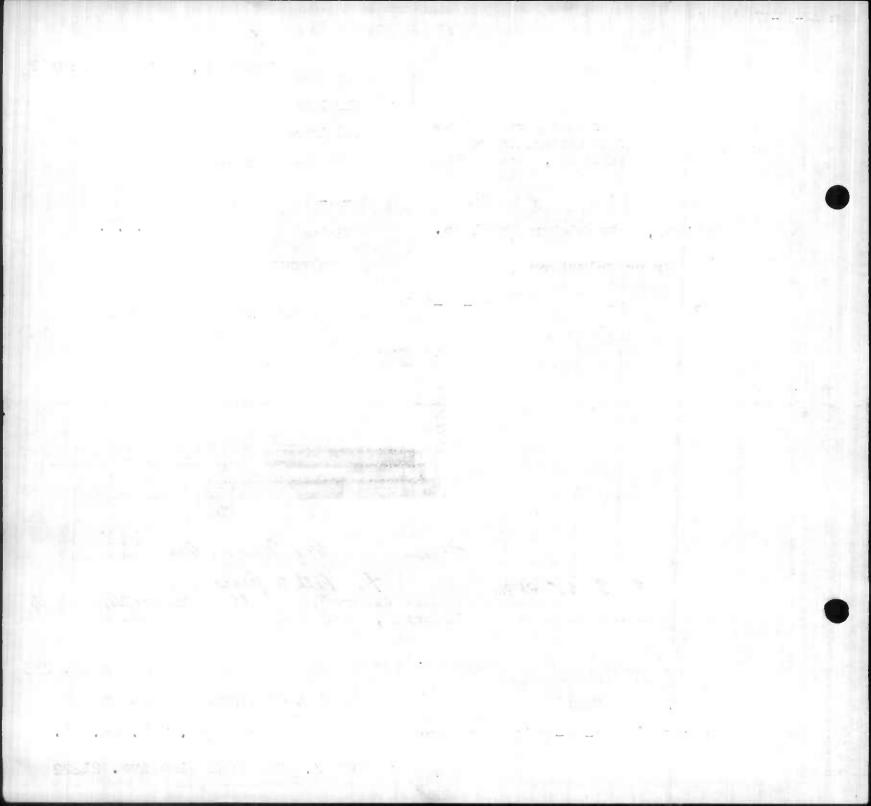
IMPORTANT FUNERAL DIRECTOR:

the chief

by

approved

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH death Deceased M.E. CASE NO. Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO January 26, 1965 Frank Holm of 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) eat ance (2) cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN and give township Undetermined cause; attend INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue prior D. STREET ADDRESS (If rural, give location) contributing Baltimore, Maryland 21224 6911 Norman Avenue regular 7. MARRIED, NEVER MARRIED 9. AGE (tn years lost birthday) If Under 1 Yr. Months: Days 5. SEX B. DATE OF BIRTH If Under 24 Hrs. ceased Hours WIDOWED, DIVORCED (specify) Male 10-21-77 White Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Retired. Bethlehem Steel Co. = de ispositio Finland SD 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the 3 Unknown Frans Holmstrom death 0 15. Was Deceased Ever in U. S. Armed Faices? (Yes,no arunknown)(lif yes, give war or dates of service) 17. INFORMANT 1 6. SOCIAL ADDRESS securingid. 3-07-3880 attendance No No RECORDS: BCH 4940 Eastern Avenue 21224 any CAUSE OF DEATH O 10 VED ONSET AND DEATH ounce DISEASE OR CONDITION DIRECTLY monary o APPROV LEADING TO DEATH fracture (This does not mean the mode at dying, e.g., pron heart failure, asthenia, etc. It means the disease, 0 injury as camplication which caused death.) regul ANTECEDENT CAUSES who 4 DISEASES OR CONDITIONS, il any, giving 3 rise to the above cause (A) stating physician UNDERLYING CONDITION last. remains SD burns; OTHER SIGNIFICANT CÓNDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 3 physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPER WERE FINDINGS CONSIDERED 0 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes by 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) 919 to the hospital °Z DEATH (notily medical examiner) any nature; 3 be obtained 21 D. TIME (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX) At Work pup 2130 pygg1k 22. I certify that (I) (this haspital) ottended the deceased from January 3. 19 65 to January 26. that (I) (we) lost saw the deceased alive on January 26, 19 65 and that in (my) (our) opinion death occurred on the date eath) of hospital and have and from the couses stated above. (1) (We) (did) (did-nat) view the body after death. was released accident 234. SIGNATURE 23B, DATE SIGNED O Attending Med Stoff Phys. January 26, 1965 10 Phys. Director ___ approval 0 3C. PHYSICIAN'S 23D. ADDRESS prior to An 4940 Eastern Avenue, Baltimore, Maryland Dr. Estelle Connolly M.D. Burial (Specily) 1-30 shows: (1) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased the body 0.0 Eastern Ave. Bal. Co. Md. 1-30-1965 Oak Lawn Mas 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR JOHN J. DUDA 7922 Wise Ave. 21222 VS 150-REV. 1/1/65

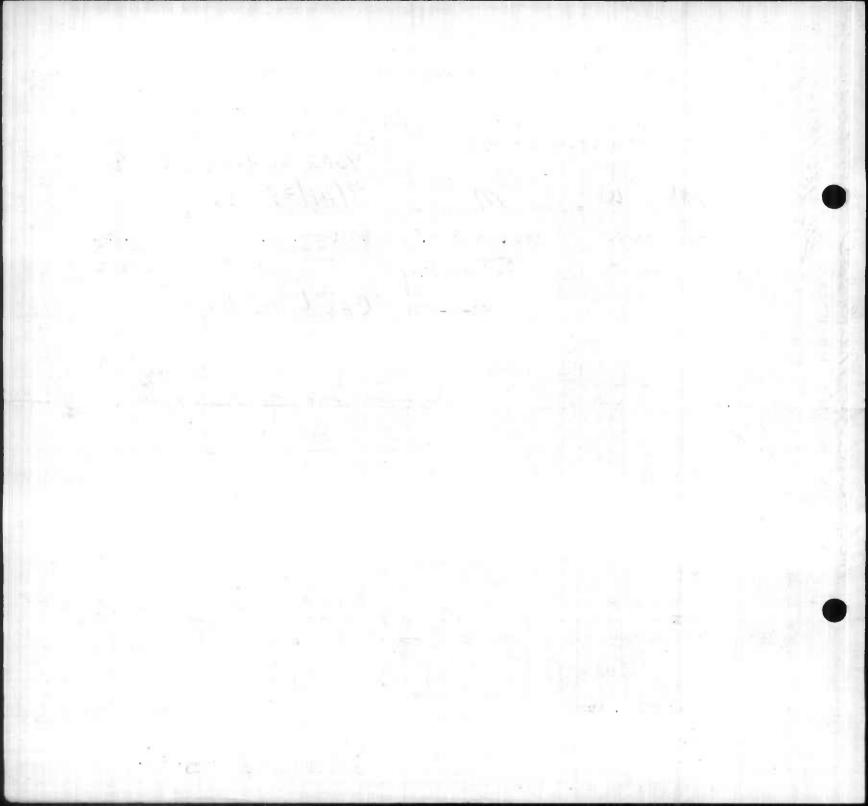


CE 1000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 1082	CERTIFICA	TE OF DEATH	Registered No.	65 1082
M.E. CASE NO. 1. NAME OF DECEASED	0	2. DATE AND	HOUR OF DEATH	1.
(Type or Print) Jufuan fol	lones	Jan	uary 28.	1965 4:58 Q. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased ved. If insti	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution	, give street	Maryland	_	1402
HOSPITAL OR oddress or location)	11	C. CITY OF TOWN (If outs	ide city limits, write RU	RAL ond give township)
Maryland Gen. H	spital	D. STREET ADDRESS (If to	urol, give location)	
		1606 Mc	Callo ag	k St.
	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, MND	raited	3/80/20	44	10.6177511.05
done dury most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n Country)	12. CITIZEN OF WHAT COUNTRY?
Japo res piro	port /ul.	Makaow	pt-	V.SIA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE A	
Holmes Wru. x	Lurann	alice	HAP.	w
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1110 111.111 17	770-05-738	Valia Hol	men - Less.	6- Samo
8.	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	PULL	10 NARY EDE	MA +	ONSET AND DEATH
LEADING TO DEATH	(A)	CONGETTION	7	
(This does not mean the made of dying, e.g heart failure, asthenia, etc. It means the diseas	e, DUE TO	rusciers Tic	+ 124per	1ENSIVE
injury or camplication which caused death,)		CARRIDUASCU	LAN DIRE	ALE
ANTECEDENT CAUSES	DUE 10			•
DISEASES OR CONDITIONS, if ony, givin rise to the above couse (A) stoting the				
UNDERLYING CONDITION last.	107			4
_ II			0 .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO		my EMBULI	¿ INFA	24102
DISEASE OR CONDITION CAUSING IT.		[20A. AUJOPSY? (Yes or No)		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	Yes	IN CERTIFUNG CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
▼ DEATH (notify medical examiner) et	orne, form, foctory, street, of c.)	fice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
₩ OF INJURY	While At Not While			
M	Vork Al Work	, 🗀	1- 1	20
22. I certify that (I) (this hospital) attended		4. 18	to of the	19.4
that (I) (we) lost sow the deceased alive on	Jun 25	19 6 D ond tho	t in (my) (our) opini	on death accurred on the dat
ond hour and fram the couses stated above.	(I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE			2	3B. DATE SIGNED
Holen dom fabre	And M.D. Atte	nding Med. Director	Stoff Phys.	1-28-65
23C. Pyrsician's NAME (Type)		23D. ADDRESS		
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C.1	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	lown, or county) (Stote)
REMOVAL (Specify)	h. H. n.	+ 12	1 pt 20	. /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	acio. 100	ADDRESS
EER 1 1005 () ()	F & FOLDWARD	W. 10 000	11-1	17. I Shace ATA W
1-FD T 1200 (1000)	2 C' donna'	Mellan & Li	armen 14	10/ FITCULLAND

1 16 1 + + - 1 03 (3) (123) JA Mensey Color

Mond targette . . . Balto Co. Boads . . Virginia Bon famile S. Wood, Sc. 215-03-0925 Mara. Et Table S. Wood to stall the factors are from a lateral Children of the first of the f 19-29-65 Outmay Valley Masorial Cockeysellis, Fell

4001	BALTIMORE CITY HE	ALTH DEPARTMENT		() [-	1001
BIRTH NO. 65 1084 M.E. CASE NO.	CERTIFICATI	OF DEATH	Registered No	65	1084
I. NAME OF DECEASED LEO	Niewski	2. DATE AN	HOUR OF DEATH	965 tution: residence	6 15 PM
FULL NAME OF (If not in hospital or institution, gradings or location) for KINS INSTITUTION TO NOS BALTO-5-MO	ve street . /	STATE B. COUNTY	AND Side city limits, write RUS	26	02
BALTO-S-M	d .	STREET ADDRESS	ural, give location) Amrock	AU	E # 13
m widowed	PIVORCED (specify)	7/14/32	ost birthdo	If Under 1 Yr. Annths Doys	Hours Min.
done during most of working life, even if refired) Crane operator Bethe St Tan Fathers Name	teel Co. H	BIRTHPLACE (Stole of foreign		U.S.A	DUNTRY?
Wisniewski 57	ANley	Wisni	ewski -	Jess	10
	5-28-0703	Tolyn nee Roll Ne	WISNIE		(Wife)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF D	EATH \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	in lessen	ONSE	T AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES	(B) DUE TO	uonis glor	nemologia	£ -	? 20 yr
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.	(C)	O	- A - A		V
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cons	estive hear	I Karlin	l	
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. P		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH	1?
OR CONTRIBUTING CAUSE OF home, etc.)	PLACE OF INJURY (e.g., in or , larm, lactory, street, office	bidg., INJURY OCCUR?	(If in Boltimore C	sity, give exoc	I IOCONON/
OF INJURY (APPROX.) While	At Work	21F. HOW DID INJU		2.0	9 11
22. I certify that (4(this hospital) attended the that (4(we) last saw the deceased alive on	12-29	19 64 and the	to to aplning to the state of t	an death occ	
and hour and fram the causes stoted above. (1) 23A. SIGNATURE 23C. PHYSICIAN'S	Attendir Phys.		Stoff Phys.	1 - 2	B-65
Michael J. Dunn	M.D.	John	CATION CICITY	ns of	nty) (State)
REMOVAL (Specify) Burial 2/1/65 Ho	ly Rosary Cemet	ery	Baltimore, Mo	l.	DDRESS
FEB 1 1965 R. Centre 1966 R. Centre 1965 R. Centre 1966 R. Centre	E. FalleyMA	3331 Brehms L	ine #13,	1c. ^	



BIRTH NO. 65	1085		HEALTH DEPARTMENT	Registered No.	65 1085
M.E. CASE NO.		CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
(Type or Print)		CMANDOC			
	CHARLES JOHN		4. USUAL RESIDENCE (W	ary 29, 1965	nstitution: residence before odmi
			A. STATE B. COL		2/1
FULL NAME OF HOSPITAL OR	(If not in hospital a	or institution, give street	Maryland c. city or town (if	autaida aiki limika Jaika	PILIPAL and nine towardin
INSTITUTION			Baltimore	outside city limits, write	KOKAL ond give township)
				If rural, give location)	
FRANKLI	I SQUARE HOSE	PITAL	3534 Chester	field Avenue	#13
5. SEX (S. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 2
male	white	widowed, DIVORCED (specify) married	6/13/90	lost birthdoyi	Months Doys Hours A
	ATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	orking life, even if retired)	(Towson)	0		WHAT COUNTRY?
Cook 13. FATHER'S NAM	E	County Coffee Shop	Greece	AME	U.S.A.
John Stav	ros ver in U. S. Armed Ford	es? 16. SOCIAL	Unknown 17. INFORMANT		ADDRESS
(Yes, no or unknown)	If yes, give wor or dote:	SECURITY NO.	17. INFORMANT	son	ADDRESS
		220-07-4943	George C. St	avros Sr. 35	34 Chesterfield
18. 422	, / 1	CAUSE O	F DEATH		INTERVAL BETWEEN
	OR CONDITION DIR	ECTLY	Da +2 - 0	+ 0	
	I meon the made of	dying, e.g., DUE TO	culiosell	wice ca	Morascular
hearl failure, a	slhenia, etc. II means	the diseose,	h O .		
	licalian which coused	deom.)	Michael		10 ye
	NTECEDENT CAUSES	DUE TO	a .	//	1
	abave couse (A)		mexate	re Heart	tailul I wee
	CONDITION last.	000011100000000	X		
_			1/		
OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING Ted to the			
	ONDITION CAUSING I		20 A. AUTOPSY? (Yes or	Mall 200 Is yes ween	TIMENUS CONTREES
E M	WAS PERF	ORMED OFFICE OFFICE	20A. AU IOPST : ties of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDEN	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUT	ING CAUSE OF	home, form, foctory, street, o			/
U	(Month) (Doy) (Year)		21F. HOW DID II		
S OF INJURY	TOTOMIN (DOY) (180)	While At Not While		NJURY OCCUR:	
(APPROX)		Work At Work			
22. I certify t	hat (1) (this haspital	attended the deceased fram	10 10	195 7 10	Jan 29 196
that (I) (we) I	ast saw the decease	d alive an Spen 29	1965 and	that in my) (aur) of	inlon death accurred an th
and have and	from the causes stat	ed above. (1) (We) (did) (did nat)	view the bady after death	1.	
23A. SIGNATUR		21			23B. DATE SIGNED
Te	noull	of allers ley M.D. Att.	ending Med.	Stoff	1/29/65
22 PHYSICIAN	rs	The state of the s	23D. ADDRESS	Phys.	1/ 1/ 83
IAMORE (1)	, e,	M.D.			
E) 4	conard Waller	Istein	848 W. 36th S		
	ATION. 24R. DATE	24C. NAME of CEMPTERY on CO	FMATORY 24D	LOCATION (C	ity lowe or country (c
REMOVAL (Sp		24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	ity, lown, or county) (S
24A. BURIAL CREM	2/1/65	Moreland Memorial 25B. NAME OF REGISTRAR		Baltimore, Mo	

Baltimore, Schimunek Funeral Hom 3331 Brehms Lane #13

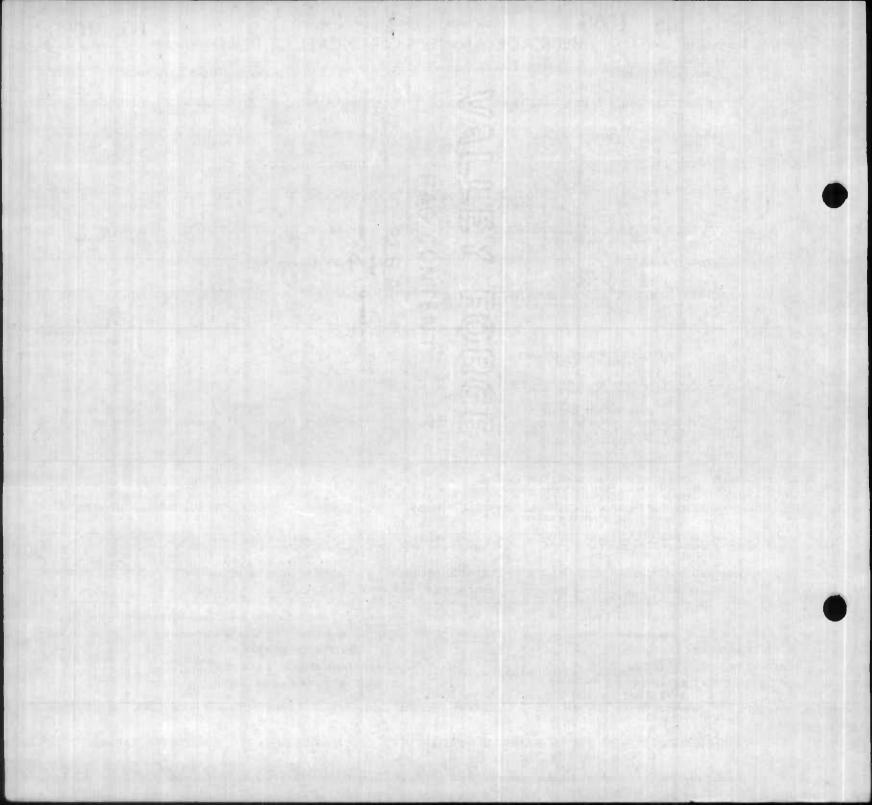
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VS 150-REV. 1/1/65



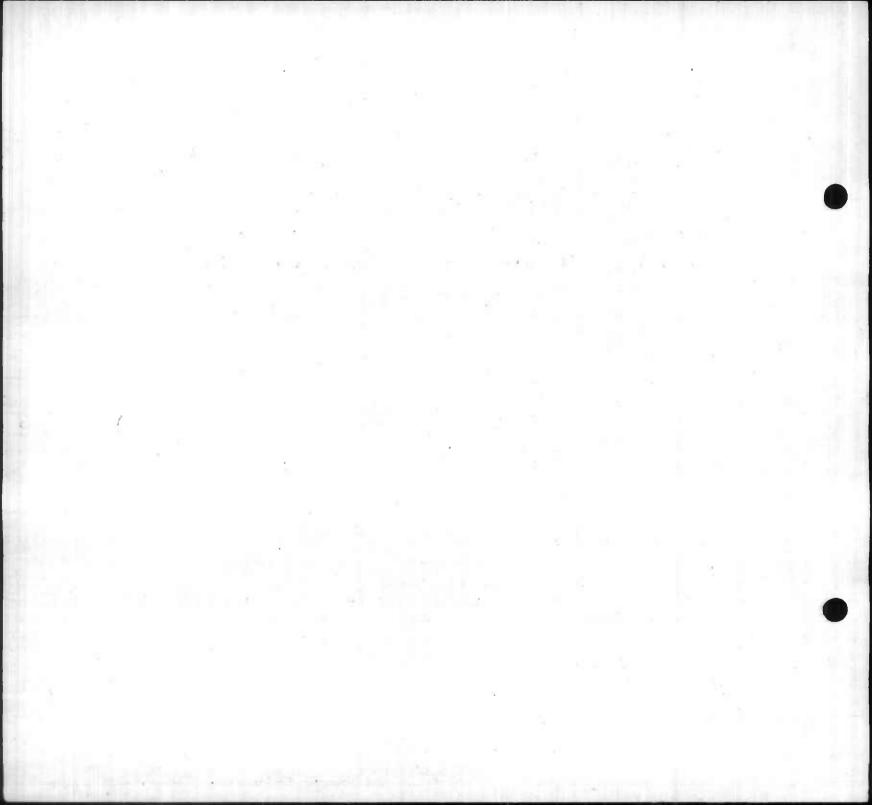
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICA	TE OF DEATH Registered No.
M.E. CASE NO.		X I I I I I I I I I I I I I I I I I I I
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
JAMES EDWARD	JACKSON	January 27, 1965 11:00 P. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	DENCE(Where deceased lived. If institution; residence befare admission B. COUNTY aryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		WN (If autside carparate limits, write RURAL and give tawnship)
		ristol
University Hospital	D. STREET ADD	PRESS (If rural, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRT	7H 9. AGE (In years If Under 1 Yr, If Under 24 Hrs last birthday Manths , Days , Haurs , Min.
Male Negro Mane Mane	6-74	4-1946 18
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUS	TRY IT. BURTHPLACE	(State or foreign country) 12. CITIZEN OF
dane during grast of working life, even il retired	MIN	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S A	MAIDEN NAME
fre Arthallinale and	b. Att	-Ell A a rob
HAMENER WEREN HUCKERON	Berlie	abhora C. rego
MAS DECEASED LEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS. A 12
nos, individual in the state of solitical in	Donto	of Gooden on Bristal MI
118! CALL	1-seure	M G; Yell WYDIN No INVENTAL BETYLEEN
18 E 812 4 1	SE'OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	tiple Trau	matic Injuries.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.		
injury ar camplication which caused death.)		
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
RISE TO THE ABOVE CAUSE (AI STATING THE UNDERLYING CONDITION LAST.		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.	204 4117022	Va (Va Na) 200 HE VEC MERE FINEWALCE CONTENTS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		Y? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Ye	s Yes
▼ 21 A. EXTERNAL CAUSE WAS UNDERLYINGSOR CONTRIB- 21 B. PLACE OF INJURY (e. home, form, factory, street) 12 C. P. PLACE OF INJURY (e. home, form, factory, street) 13 C. P. PLACE OF INJURY (e. home, form, factory, street) 14 C. P. PLACE OF INJURY (e. home, form, factory, street) 15 C. P. PLACE OF INJURY (e. home, form, factory, street) 16 C. P. PLACE OF INJURY (e. home, form, factory, street) 17 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, form, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF INJURY (e. home, factory, street) 18 C. P. PLACE OF I	g., in ar about 21 C.	WHERE DID (If in Baltimare City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street		Rt. 408, E. of Sands Rd. Edgewate
7		IOW DID INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE		
(APPROX.) January 23 65 m. WHILE AT AT	WORK Pe	destrian struck by motor vehicle.
22.		A STATE OF THE STA
I certify that I held an Inquiry Inspection		nd that an this basis, deoth in my apinion
resulted fram: Natural causes Accident Suic	ide Hamic	ide Undetermined manner
		AFDICAL EXAMINER
ACTUAL ()		DATE SIGNED
SIGNATURE Charles of the		MEDICAL EXAMINER X 1/28/65
EXAMINER'S	ASSOCIATE	MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	Y or CREMATORY	23D. LOCATION (City, town, or county) (State)
Bull al 1.31 65 11 20 18	11/1/100	al Makindin IIII
pluce 10 -0 WWW	(Muy	a licenserie III
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	. 11	RAL DIRECTOR DDRESS
NEW FEB 1 1965 Relieb E. Jacker M.	0 /1/1/	Ve am Roppott/ (na anos)
	Will	really reconstructions
VS 151-REV, 1/1/65		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CE 4007	BALTIMORE CIT	Y HEALTH DEPARTMENT		C5 400m
витн но. 65 1087	CERTIFICA	ATE OF DEATH	Registered No.	65 1087
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) REV. Francis J. Flanagar 3. Place OF DEATH IN BALTIMORE, MARYLAND	Ł	1-28	AND HOUR OF DEATH	が、
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)	e street	Manyland C. CITY OR TOWN (IF of	outside city limits, write	RURAL ond give township)
Bon Secours Hospit	ai	D. STREET ADDRESS	If rurol, give location)	T Raigh au
Male White Never	Marnied	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done during most of working life, even if refired)	USINESS OR INDUSTR	Baltimore	ind.	12. CITIZEN OF WHAT COUNTRY?
Edward J. Flanagan		Margare		e 4
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		OLMO CO 2 CLANDONNE	of the Colon	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO	dinecaranoma Metastasis to	the Lever	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes or 1	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	ACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
	At Not Wh		NJURY OCCUR?	
22. I certify that (1) (this haspital) attended the	deceosed from	1-12	1965 to	1-28- 1965,
that (I) (we) lost sow the deceased alive on	1-28-	19 6 5 ond	that in (my) (our) op	
ond hour ond from the couses stoted obove. (1) (
Vicente R. Carag Ja. 1	y.D. M.D. AI	tending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) VICENTE 1C. CA	PAG JR. M.D	23D. ADDRESS	m Secours	Hogpital
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CI	REMATORY 24D.	LOCATION (C	City, (16 wn, or county) (Stote)
Burial 2/2/65 New 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		Cemetery	faltimore,	Marylandoness
FEB 1 1965 Robert E.	tarbey M.N	John A. Mona	n, Inc. 300	00 E. Baltimone
				JAC 61664



BIRTH NO.

M.E. CASE NO.

(Type or Print)

I. NAME OF DECEASED

VS 150-REV. 1/1/65

and

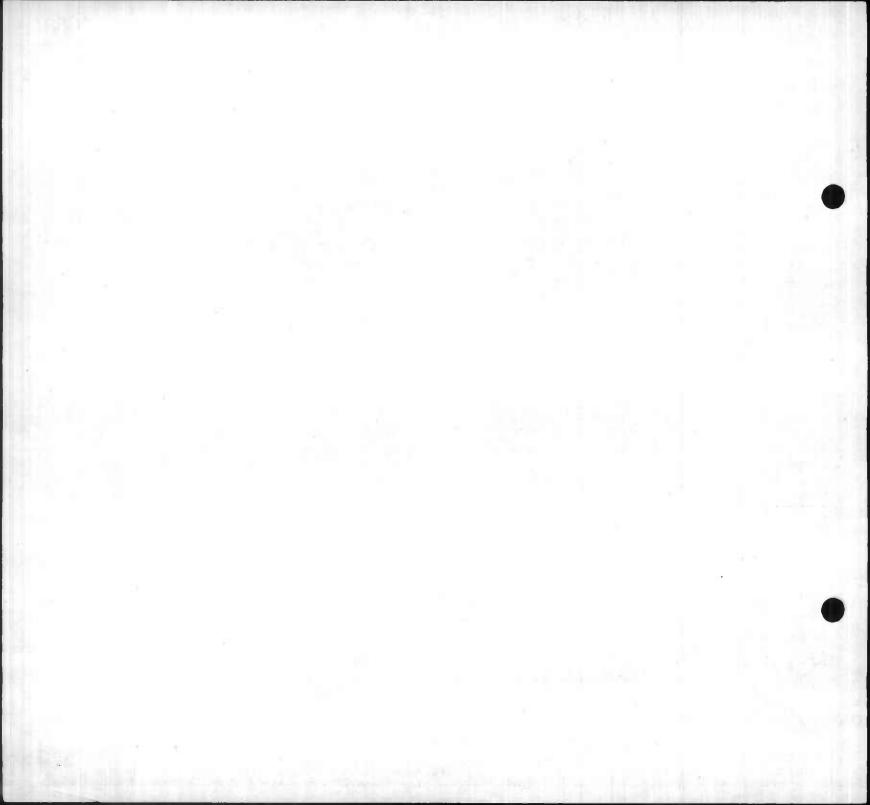
the Such BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12, CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (our) apinion death accurred an the date 23 B. DATE SIGNED (City, town, or county) Balto Co. SUNERAL DIRECTOR ADDRESS

Registered No.

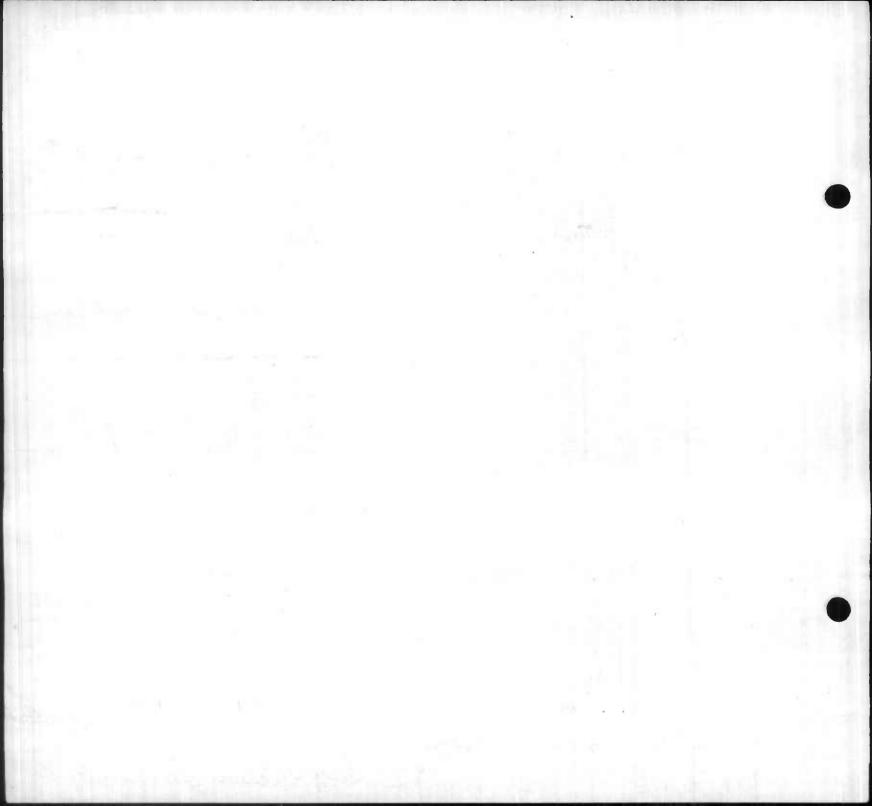
2. DATE AND HOUR OF DEATH



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

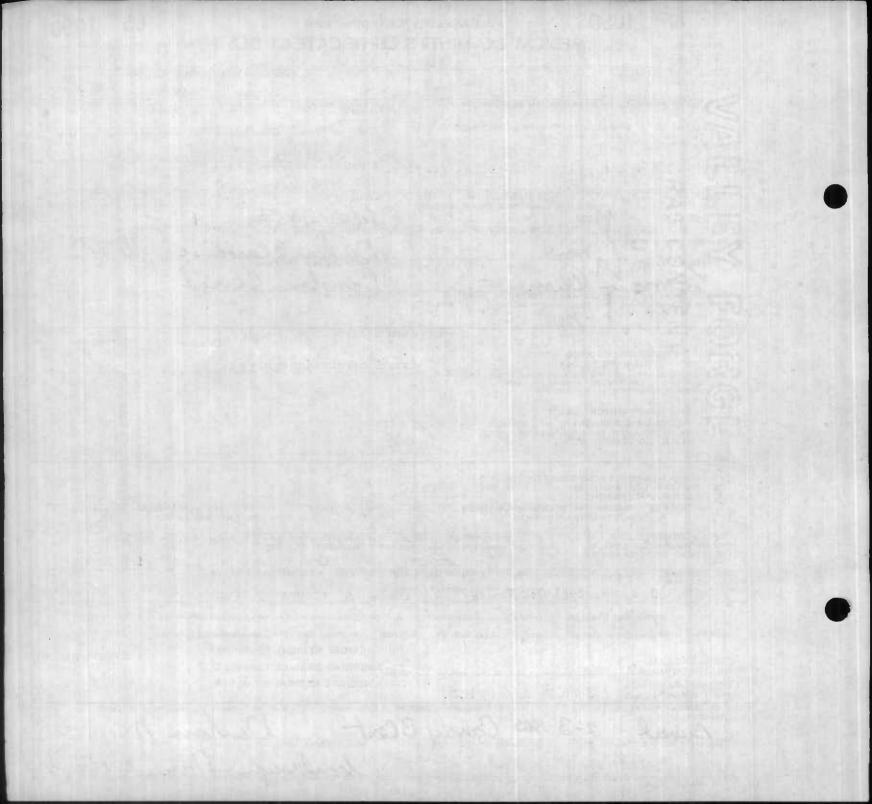
E.

Non-med-Dr. Breitnecker	BALTIMORE CITY	HEALTH DEPARTMENT		CE 4000
BIRTH NO. 65 1089	CERTIFICA	TE OF DEATH	Registered No	65 1089
1, NAME OF DECEASED (Type or Print)		2. DATE AN	ND HOUR OF DEATH	23
Welle upps		/â	7/65	ITAM M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	ere deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	12 Maryle		1-03
INICTITUTION	20	as st		URAL and give township)
Johns Hopkins Hospe	tel	D. STREET ADDRESS (IF	turol, give location)	10
7		1608 E.	Madison	st.
	NED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months! Doys Hours Min.
m	N. M.	6-17-16	54	
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
/atime		Val		45A
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Unknim		Leukon	ww	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	00	ADDRESS
no.		marchael s	halus 99	12 Chester Il
18.782,41	CAUSE C	OF DEATH	1 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carling of	arline	year
(This does not mean the mode of dying, heart loiture, asthenio, etc. It means the dise		/		
injury or complication which caused death.)	use,	V		
ANTECEDENT CAUSES	(B)			**************************************
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION last.	The I photogram with the		00000000-000000000000000000000000000000	www.w. eng aw 0 a an a doo o walinin hiidin qoolaa ga aa a
7				
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		NO	IN CERTIFYING CAU	ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY	While At Not Whi			7.4
22. I certify that (I) (this hospital) attend		0.0	12rt 10	12/20 10 64
that (I) (we) last saw the deceased olive	. /	1 -1	hat In (my) (our) opin	ion death accurred on the date
ond hour and from the couses stated about	e. (I) (We) (did) (dld not)	,		
23A. SIGNATURE				23B. DATE SIGNED
M' Rolly	M.D. Att	ending Med. Director	Stoff Phys.	1/28/-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
J.Р. Кокко	M.D.	THE JOHNS HO	PKINS HOSP	ITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (City	y, town, or county) (State)
Buriel 2/1/1965	not Cahany (ert	Brooklyn	mel
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C JUNERAL DIRECTO	1	ADDRESS
VS 150-REV. 1/1/65	M C' 101003	Choy all	Bor 10m	Manty a
73 139-16 Ti 1/ 1/ 03		-		,



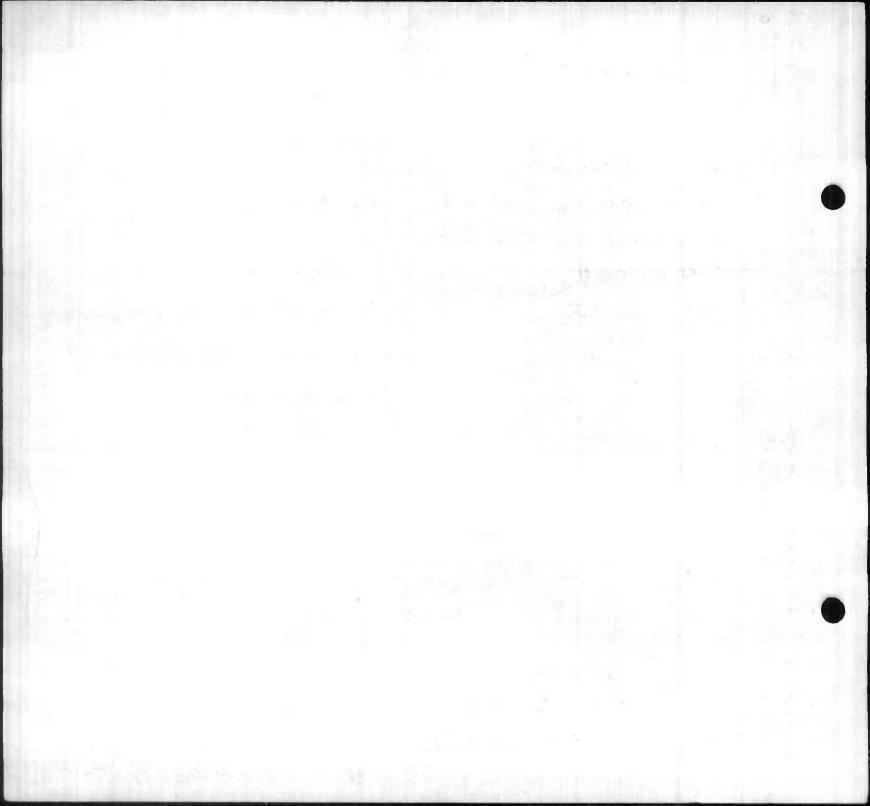
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	Н

65	1090	BALTIMORE CITY HEA	ALTH DEPARTMENT	65 1090
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH Registered	1 No
M.E. CASE NO.				
NAME OF DE	CEASED		2. DATE AND HOUR PRONOUNCED	DEAD
(Type or Print)	Michael	Clements	Jan. 29, 1965	4:45 Pm.
3. PLACE IN BA		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE	
			Maryland B. Count	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If autside corporate limits, write RI	JRAL and give township)
NOITUTITZNI			Politimone C	7.5-7.
	South Reltin	more General Hospita	Baltimore D. STREET ADDRESS (If rural, give location)	
	Bouth Balth	more demeral mospica		• .
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	2806 Carver Road 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		WIDOWED, DIVORCED (specify)		Manths Days Hours Min.
Male	Negro		Jel 25-1953 11	
	SUPATION (Give kind of wor f warking life, even if retired)	k TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	how		Dullan Mearolives	USR
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Ten	nous Clar	manto	Constance Cornerts	
	SED EVER IN U.S. ARMED		17. INFORMANT	DDRESS
res, no or unknow	(If yes, give war ar date	es of service) SECURITY NO.		
110	1000			Tanana at province
10.	1201	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DE	RECTLY		A RESIDEN
(This door	LEADING TO DEATH		niocerebral injury	
heart failur	e, asthenia, etc. It means amplication which caused	dying, e.g., DUE TO		
injury at c	omplication which caused	dedm.,	whereast .	US 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ANTECENDENT CAUSI	ES (B)		
	OR CONDITIONS, IF A			
	ING CONDITION LAST.			The State of the
NO		(C)		
OTHER SI	II	CONTRIBUTING		HI COLUMN
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE		or the land
	OR CONDITION CAUSING			
E 19A. DATE C	WAS PER	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	
100			yes yes	3
O UNDERLYING	AL CAUSE WAS	218. PLACE OF INJURY (e.g. hame, farm, factory, street,	in ar about 21C, WHERE DID (If in Baltimare City, give affice bldg., INJURY OCCUR?	exact lacation)
UTING CA	USE OF DEATH.	etc.) street	Cherry Land and Round	The same of the same
Z 21D TIME	(Month) (Day) (Yea			
OF INJURY	Jan. 29, 1965	3:20P WHILE AT NOT	while X struck by truck	
22.				
			utapsy X and that an this basis, death in my	apinian
resi	ulted fram: Natural ca	uses Accident X Suici	de Hamicide Undetermined manner	
	1	7 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNA		7. Halan	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMI		m.	ASSOCIATE MEDICAL EXAMINER	Jan. 30, 1965
NAME	(Type) John 1	E. Adams, M.D.		,
23A. BURIAL CE	EMATION, 238 DATE	23C. NAME OF CEMETERY	OF CREMATORY 23D. LOCATION (City, to	wn, ar county) (Slate)
REMOVAL (Spec	""0 7-3.	-1945 Cal. B.	calt 10.	no ox
12ma	D BY HEALTH DEPT.	1349 NAME OF PECISTRA	24C. FUNERAL DIRECTOR	ADDRESS
A/	PER 4 400	S C LA D. A	A DIRECTOR	VADA(1)
N856.2	-FFR T 130	o labour c. larger.	bourboarde Ithough	nut Caroline
VS 151-REV. 1/	1/65			
2 131-KEA 1				

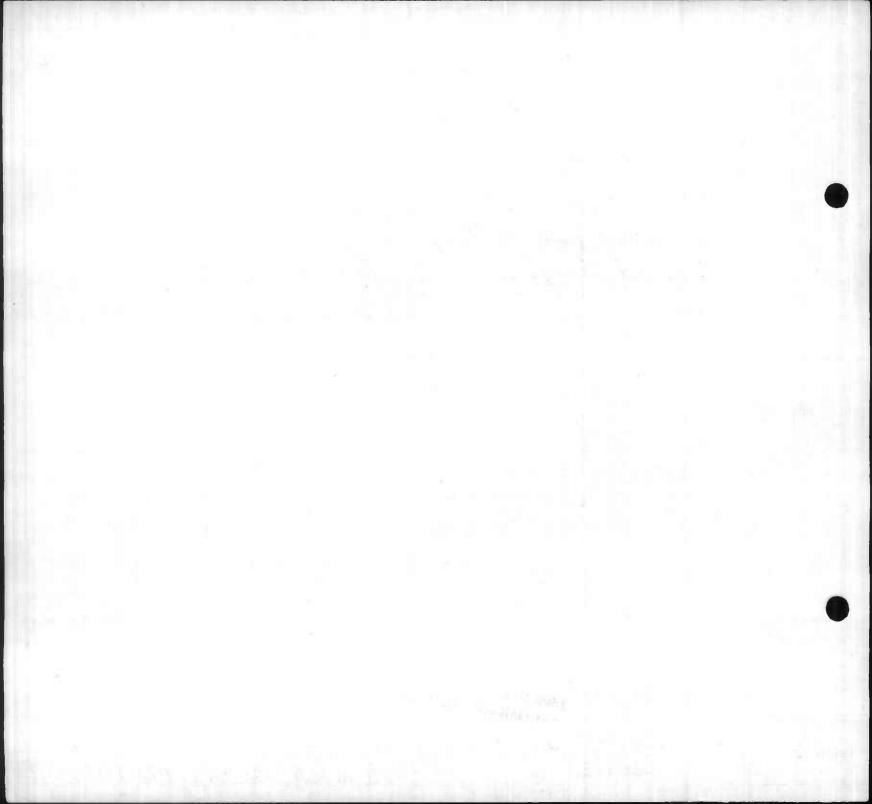


			BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO	65 10	91	CERTIFICA	TE OF DEATH	Registered No	65_1091
I, NAME OF D	ECEASED	101		2. DATE AN	D HOUR OF DEATH	
(Type or Print) 3. PLACE OF	VIII IBM	ORE MARYLAND	emairer	Janual RESIDENCE (When	e deceased Wed. If ins	stitution: residence before admission)
	06	L to t ata at		A. STATE B. COUN	TY T	1903
HOSPITAL C	R oddress	hospital or instituti or location)	on, give sweet	C. CITY OR JOWN (If out	side city limits, write	URAL and give township)
0				D. STREET ADDRESS (IF	rurol, give location)	
2105.	Calhour	15t.		2105. Calh	oun 5t	
S. SEX	6. RACE	7. MARR	WED, DIVORCED (specify)	T1 - 1001	9. AGE (In years lost birthdoy)	Months Days Hours Min.
			OF BUSINESS OR INDUSTRY	11. BIRTHPLA/CE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Black.	of working life, even	B.4	O. RR.	Maryland		4.5.A.
13. FATHER'S N	AME			14. MOTHERS MAIDEN NAM	ΛE	
Uni	CD D WY			Unknow	WY	
(Yes no or unknown	wn) (If yes, give w	Armed Forces? or or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/25	w.w.	I	705-03-7419 CAUSE C		e maker	1921 Guernsway
7 04	ASE OR CONDI	TION DIRECTLY	CAUSE	O C	1	ONSET AND DEATH
	LEADING TO	DEATH	(A) G	lande Cardral	2 Delata	loon Iti:
heort failu		mode of dying, of It means the disease a caused death)		1		
111017 01	ANTECEDENT		(8) CL	mic Juy O Go	uditis	572
	OR CONDITIO		ing	and and les	no lemoura	5-40.
	NG CONDITION	se (A) slating last.	The (C)	w ceres e	1	
Z OTHER SI	II COND	ITIONS CONTRIBU	TING			
O THE DISEASE	DEATH BUT NOR CONDITION C.	OT RELATED TO	THE ELEC-	listerm		
OTHER SIGN TO THE DISEASE OF T	OF OPERATION	198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
OR CONTE	DENT WAS UNDE	EOF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
0	tify medical examin		cle.			
OF INJURY		Year) (Hour)	21E. INJURY OCCURRED While At Not Whi		URY OCCUR?	
	fu that (1) (this	hospital) attends	Work At Work	1112	9 10	27-65 19
		deceased alive	A 4)			nian death accurred on the date
and hour	and from the cas	ises stated above	e. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNA	TURE	0 1		lending Med.	54-11	23B. DATE SIGNED
22 C BUYEL	CLANE	lacar	M.D. At	lending Med. Director Director	Staff Phys.	1/29/65
23C. PHYSI NAMI	(Type) A E	CAI	145 M.D.	4 m Julla	u avr	
24A. BURIAL C	REMATION, 24B. L (Specify)	PATE 240	NAME OF CEMETERY OF CI	REMATORY 24D. LC	OCATION (Cit	y, town, ar county) (State)
Burlo	7/1/	30/65 L	oudon Parkl	cemetery Ba	Himore	Maryland
25A. DATE REC	FEB 1	965 Pale	B E Jalley M. A	25C. FUNERAL DIRECTOR	14	P H Q
	ILUI	المحاود	N	Walters 44	Cral Flome	Pratt + Stricker

VS 150-REV. 1/1/65



BALTIMORE CIT	Y HEALTH DEPARTMENT
M.E. CASE NO. 65 1092 CERTIFICA	ATE OF DEATH Registered No. 65 1092
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
FRANK K. HUGINS	1/26/65 930Hm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decosed lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	ned 1703
HOSPITAL OR oddross or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Ballo.
828 Edmondson and	828 Edwardson and
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
m negro separales	Aug. 14 1898 lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Giv kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
Lettered (Machine Operates Factory	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Flund aug	E Turn
15. Wos Deceosed Ever in U. S. Armed Faces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yos, no or unknown) (If yes, give wor or detos of service) SECURITY NO.	
718-03-6314 118.	Clarice Brown - 4248. 26" St. Delle, M.
DISEASE OR CONDITION DIRECTLY	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	the delacanasis 5 unc
(This does not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease,	get's Siscusc) of skull
injuly ar complication which caused death.)	7213 0130000) 0732011
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obave couse (A) stoting the (C)	
7 II Dynder	YOU THEER
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
A DISEASE OR CONDITION CAUSING IT.	NSIVE C. V. DISCUSE
19A. DATE OF OPERATION 198. CONDITION FOR WHICH PERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CAUSE OF	in or obout 21C. WHERE DID (If in Boltimoro City, givo exact location)
DEATH (notify medical examiner)	Med Stage, Med Al Scott.
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	le
22. I certify that (1) (this hospital) attended the deceased fram	1 0-01 1A7. 10 N 7/ 165
that (I) (we) last (Saw the deceased alive an a 215	19 6 and that in(my) (aur) apinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did nat)	
23A- SIGNATURE	238. DATE SIGNED
	and the same of th
23C. PHYSICIANS RAYNER BROWN STONE	23D. ADDRESS
CASI WAS A CASI	
24A. BURIAL CREMATION, 24B. DATE PLAL 124C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
A REMOVAL ISPOCITY	M. PK. Muskink Prime Leo, Co. Mid.
25A. DATE REC'D BY HEALTH, DEPT. 258. NAME, OF JEGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 1 1965 Robert E. Jakey	Wm & lepating n- 170127 & Culloty
VS 150-REV. 1/1/65	an it repairing he I to the filleth
	Taci -



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death.

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prior

				BALTIMORE CITY	HEALTH D	PARTMENT			
	TH NO. 65	1093		CERTIFICA	TE OF	DEATH	Registered No	. 65	1093
l.N	AME OF DECE	ASED				2. DATE A	ND HOUR OF DEATH	7	
lyp	e or Printil BA	cki m	RS, FRA.	NCES			1/27/6	15	Μ.
3. 1	PLACE OF DEA	TH IN BALTIMORE, MAI	YLAND		4. USUAL I	B. COUL	ere deceased lived. II NTY	institution: residen	
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital and address or location) ECOURS HO			C. CITY OR BA D. STREET	LIIMO	Uside city limits, write RE rural, give location)	RURAL and give	township)
					1020		TANFORL	n Rd	# 29
5. S	EMALE	6. RACE	WIDOWED,	EVER MARRIED DIVORCED (specily)	B. DATE OF		9. AGE (In years last birthday)	If Under 1 Yr. Manths: Days	If Under 24 Hrs. Hours Min.
. *		PATION (Give kind al wark	WIDO		11 RIPTHPL	ACE (State of for	68	12. CITIZEN O	i i
		arking life, even if retired)	IOG KIND OF D	OSTINESS OR INDOSTRI				WHAT CO	DUNTRY?
4	OUSEWI.	FE			BALI	140RE S MAIDEN NA	MD	051	9
3.	FATHER'S NAM	E			14. MOTHE	S MAIDEN NA	ME		
,	PRZ4B	4LSK1 Ever in U. S. Armed Force			u	NKNOW	N		
5. Yes	Was Deceased s, no ar unknown)	Ever in U. S. Armed Fara (II yes, give war ar dates	os? al service)	6. SOCIAL SECURITY NO.	17. INFORM				RESS
	NO				BERI	UADINE	HARTLON	E 1020	STAMFORD R
	(This does no heart toilure, o injury or comp	E OR CONDITION DIRI LEADING TO DEATH of mean the mode of sithenio, etc. It means dication which coused NTECEDENT CAUSES	dying, e.g., the discose, deoth.)	(A)	Cance	of the	Sall blac	dder	T AND DEATH
	rise to the	R CONDITIONS, if a obove couse (A) CONDITION lost.		(C)					NO. 60 O COCON COMO CONO DO O COCO DE COCO DE COCO
CAL CERTIFICATION	19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU	ICANT CONDITIONS CONTROL OF CONDITION CAUSING 11 OPERATION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medical examiner)	OTTON FOR WE	IICH OPERATION ACE OF INJURY (e.g., form, loctory, street, c	in at about 21	C. WHERE DID	O) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH are City, give exact	H?
200	21 D. TIME	(Manth) (Day) (Year)	(Hourt 21F H	NJURY OCCURRED	21	. HOW DID IN	IIIPY OCCIIP?		
ME	(APPROX)	(Vidini)	While		le 🖳	. now bib iii	JORT OCCOR.		
	22 Logetify (that (1) (this hospital)	ottended the				19 to		19
		lost sow the decease				ond t		olnion death oc	
	ond hour ond	from the couses state	ed above. (1)	(We) (dld) (did nat)	view the boo	lv after death.			
	23A. SIGNATUR	icente R.	Carag G	7	ending	Med. Director	Stafl Phys,	23 R. DATE SIG	NED 17/65
	NAME (Ty	VICENTE R	. CARAC	JR. M.D.	23D. ADDRES	2			/

24D. LOCATION

(City, town, or county)

1-30 HEALTH DEPT. 25B. NAME OF REGISTRAR SURIAL 25A. DATE REC'D BY

CEM BALTIMORE COMD

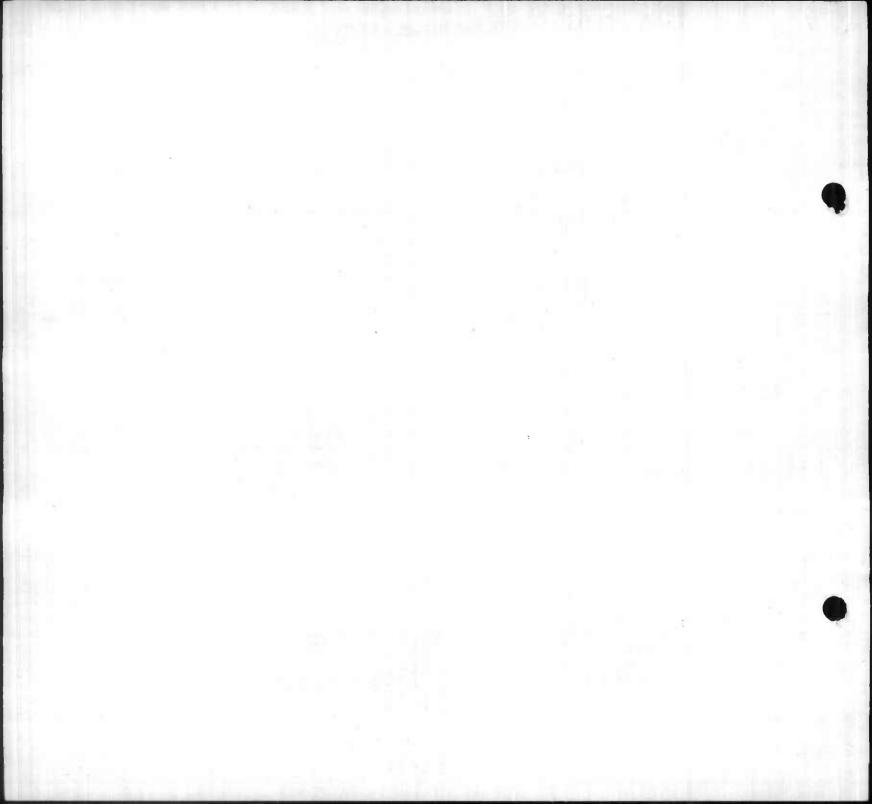
25C. FUNERAL DIRECTOR ADDRESS

1965 EB

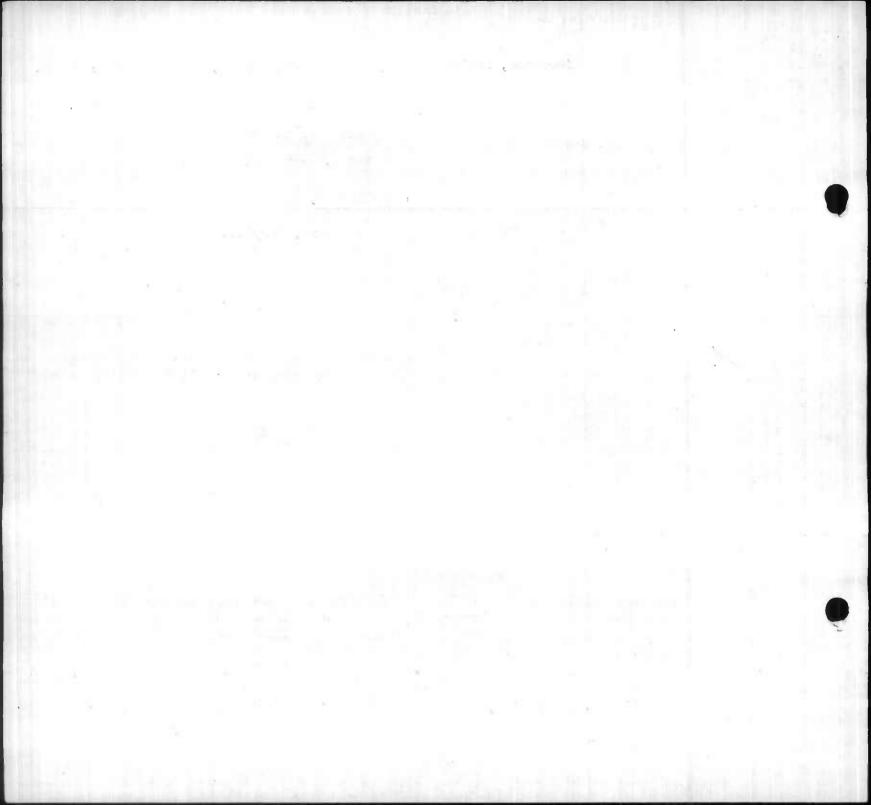
24C. NAME of CEMETERY of CREMATORY

VS 150-REV, 1/1/65

BURIAL CREMATION, REMOVAL (Specily)



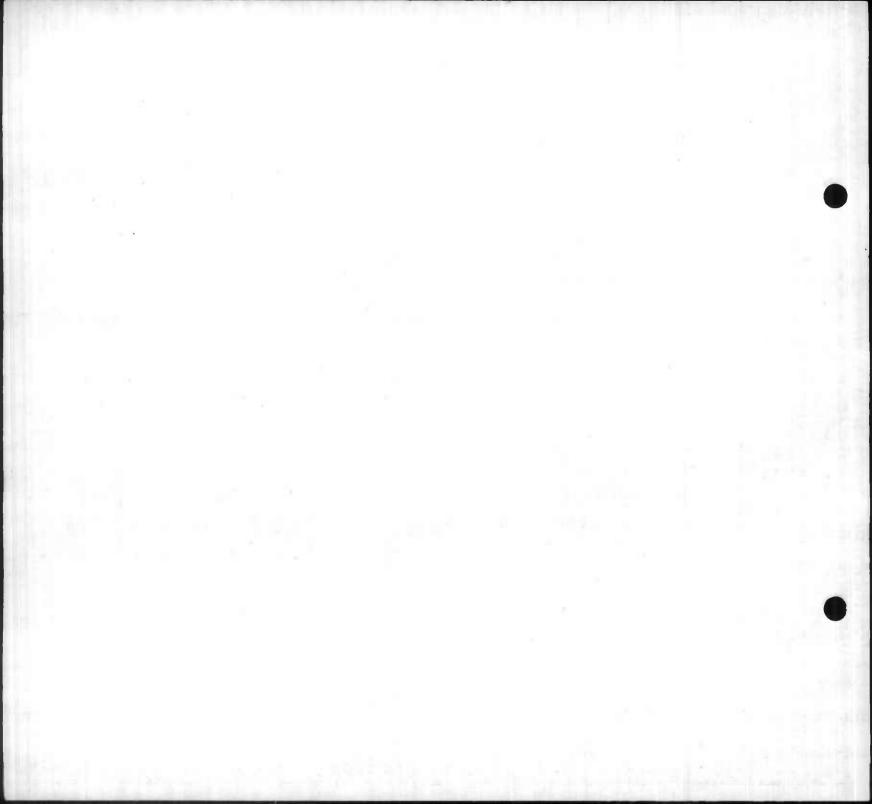
	05 1001	BALTIMORE CITY	HEALTH DEPARTMENT		05
	тн но. 65 1094	CERTIFICA	TE OF DEATH	Registered Na.	65 1094
1. f (Ty	E CASE NO. IAME OF DECEASED pe or Print) Lierseman, I	ouise	January	HOUR OF DEATH 27, 1965	8:25 A.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of	deceased lived. If institu	tion: residence before admission
	FULL NAME OF (If not in haspital or institution, g HOSPITAL OR address or location) NSTITUTION	ive street	Maryland C. CITY OR TOWN (If outside	e city limits, write RURA	AL ond give township)
1	St. Joseph Hospit	al	Baltimore 21224 D. STREET ADDRESS (If ruro 260 S. East Ave.		
1	SEX 6. RACE 7. MARRIED, WIDOWED S USUAL OCCUPATION (Give kind of work 108, KIND OF	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If	Under 1 Yr. If Under 24 Fonths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF the during most of working life, even if retired) Hutzle		Baltimore, Maryl		C. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAME		
	Adolph Liersman		Alvina Altenbau	gh	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(Ill yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		James W. McCann (Chesterland,	Ohio
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise la lhe abave cause (A) stolling the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	6			
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR V		Yes or No)	OB. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
AL C	21A. A CCIDENT WAS UNDERLYING 218. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, form, foctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore Cit	ly, give exact location)
MEDI	OF INJURY	INJURY OCCURRED Le At Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
MEDIC	22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I 23A. SIGNATURE 323C. PHYSICIAN'S	January 27.) (ye) (did) (did not) v	19.65 and that riew the bady after death.	231	ry 27, 1965. In death accurred on the B. DATE SIGNED anuary 27, 196
24	NAME (Type) William B. VandeGrift,	M.D.	1400 N. Caroline		ore, Md. 21213
L	Burial 1-30-65 Ma:	reland Memori	al Bal	to. Co., Md.	
25	FFB 1 1965 Real Park	E Larbey Mill	Ullrich Funeral	l Home Balti	more, Md.



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 100
BIRTH NO. 65 1095 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 1095
1. NAME OF DECEASED (Typo or Print) Margaret L.	Phillips	Z 6 J	HOUR OF DEATH	700 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	doceasad/lived. If institu	tion: residence befaro admission)
FULL NAME OF (If not in hospital or institution address or location)	-		ide city limits, write RURA	AL and give township)
Maryland General Hosp	i, tal	D. STREET ADDRESS (If ru	rol, give lacotion)	33-00
	IED, NEVER MARRIED	8. DATE OF SIRTH 19.	Blud.	11.2. 1 8 16 11 2. 24 11
F W WIDO	ACTIED (specify)	197061912 10	52	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.
done during most of working life, even if retired) AT Home	OF BUSINESS OR INDUSTR'	New Jersey	1 country) [12	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
John Hmos 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	HNNG LU	nd	ADDRESS
(Yes, na ar unknown) (If yos, give war ar dates of sorving	SECURITY NO.		- lanma	ADDRESS
18. // 16 //	CAUSE	THLLIE VHILLIP	05- 600 MAI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	A.	0 0	0	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,		ocardial ma	iction	000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heart failure, asthenia, etc. It means the diserinjury ar camplication which caused death.)	ase,	T. L. A	diama	
ANTECEDENT CAUSES	DUE TO	umauc man	asease	
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION tast.	-			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	NINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore Cit	ty, give exact lacotion)
OF INJURY (Manth) (Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	Wark Nat Wark			
22. I certify that (I) (this hospital) attended				104657 1965
that (1) (we) last saw the deceased alive and haur and from the causes stated above		1	in(my) (aur) apinian	i death accurred on the date
23A. SIGNATURE		view the budy until death.	238	B. DATE SIGNED
J. D. Jelley	M.D. At	ys. Director P	toff hys. 2	6 January F65
23 CFHYSICIANS NAME (Type)	M.D.	23D. ADDRESS		, / • ,
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY of CI	EMATORY 24D. LO	CATION (City, to	awn, or couply) (State)
BURIAL 1/27/65	PUPINE CEME	TERY DER	TH AMBOY	N.S.
25A. DATE REC'D BY HEALTH DEPT. 25B, NAM		25C. FUNERAL DIRECTOR	na train. 1	ADDRESS
VS 150-REV. 1/1/65	7) -, 4000-4,	ULUKKI) FUNZ	KAL MOTTE Y	1210 BEZDIIR RD



the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains ore embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

5

	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 4000
MRTH NO. 65 1096 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	65 1096
1, NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
(Type or Print) MARGARET CONSTANCE	ce ZANGRINI	JANUARY	21 1965	6.15 14
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2111-7/2111	4. USUAL RESIDENCE (Where de	ceosed lived. If institu	tion: residence before admission)
		A. STATE B. COUNTY	0	7 31/
FULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND		1-04
INSTITUTION oddress or locotion Ha	scatal	C. CITY OR TOWN (If outside	city limits, write RUR	AL and give lownship)
UNION MEMORIALI IL	3/1-	BATTIMORE		,
33-12 + Colvert	, ,	D. STREET ADDRESS (If rural,	give location)	
BAHIMORE 12, MARY	land	5505 BELLE	VISTA	AUE.
5. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
(0.01. (0.000)	WED, DIVORCED (specify)	- /- / D lost	birthday) M	onths Doys Hours Min.
FEMALE CAUCASIAN MI	ARRIED	8/3/08	56	
done during most of working tife, even if retired)	OL BOZINEZZ OK INDOZIK	11. BIRTHPLA CE (State at foreign co	ountry)	2. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		Roltinge Man	Pu land	U.S.
3. FATHERS NAME		BALTIMORE MAI	191000	
FRANK BOEhmLein 5. Wos Deceased Ever in U. S. Armed Forces?		EUA EVANS)	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
111	SECORITI NO.	mac CHIRLES	7570	CCAF BUILD
700	CAUCE	MRS SHIRLEY	CL1016010	
18.50/X I	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	6.1	1.6		
LEADING TO DEATH	(A) (66	elections Oleman	KmL	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	,	,	
injury or complication which coused death.)			/ /-	
ANTECEDENT CAUSES	(B)C	schnet wien	un.	• • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if ony, gi	DUE 10			
rise la lhe above couse (A) slating				
UNDERLYING CONDITION lost.	ammen autoritation distribution			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO	THE			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIND	DINGS CONSIDERED
WAS PERFORMED		YES IN	CERTIFYING CAUSES	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about 2FC. WHERE DID	(If in Baltimare Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		y, gree exect toesawa.
U	erc.			
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
Ø OF INJURY (APPROX.)	While At Not Wh			
1711110707	Work At Work			
22. I certify that (I) (this hospital) attend		TANUARY 21 196	5 to Janua	ny 26 1965
that (I) (we) last saw the deceased alive	on January 26	19 65 and that in	(my) (aur) apinia	n death accurred on the dat
			(, (,,,,,,	
and haur and from the causes stated abov	e. (I) (we) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	10			B. DATE SIGNED
Jain Merritt Mac M	Jellan M.D. At	tending Med. Stoff Phys		1/20/65
23C. PHYSICIAN'S		23D. ADDRESS		. / ~ 6 / 5 -
NAME (Type)	MILLAN M.D.			
DAVID MERRITT MAC	MILLAN			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CI	REMATORY 24D. LOCAT	rion (City, t	own, at county) (State)
BURIKI 1/29/65	SACRED HLZ	M CEMETERY DUR	ソロカレロ	m
25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAD	25C. FUNERAL DIRECTOR	VIIVE	ADDRESS
CED 1 1005 A 0	R. C. Star On M.D.			
LED 1 1303 (166)	an ci dans	UNUKICH FUNER	3DL HOME	4210 PHINIR RE
VS 150-REV. 1/1/65				

the same description of a

BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH IN BALT

FFB 1

VS 150-REV. 1/1/65

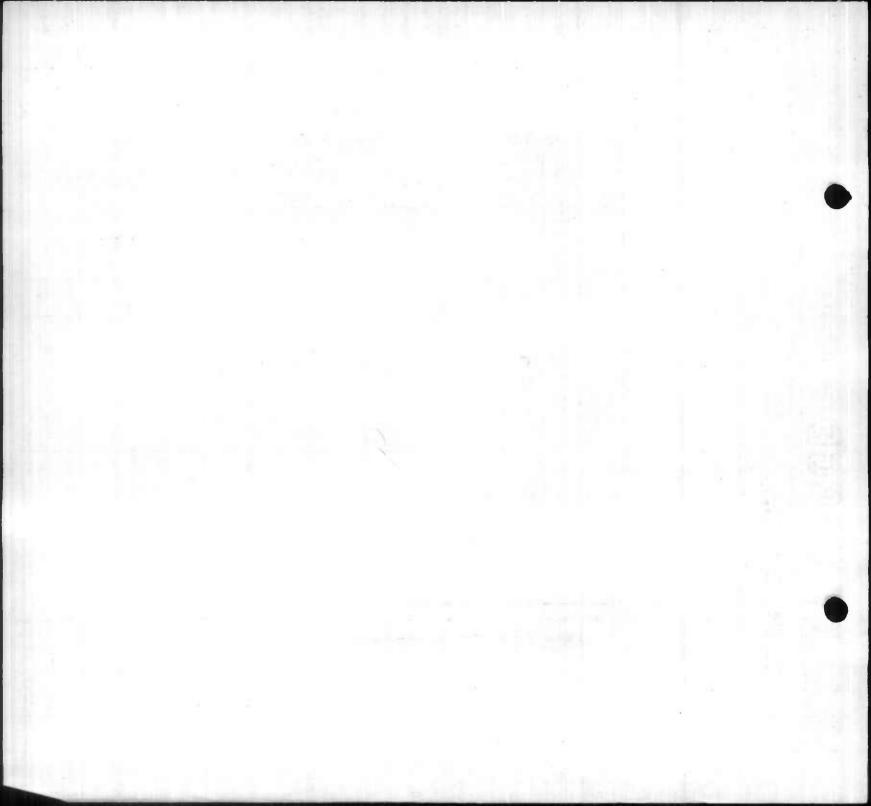
Such

death.

prior to

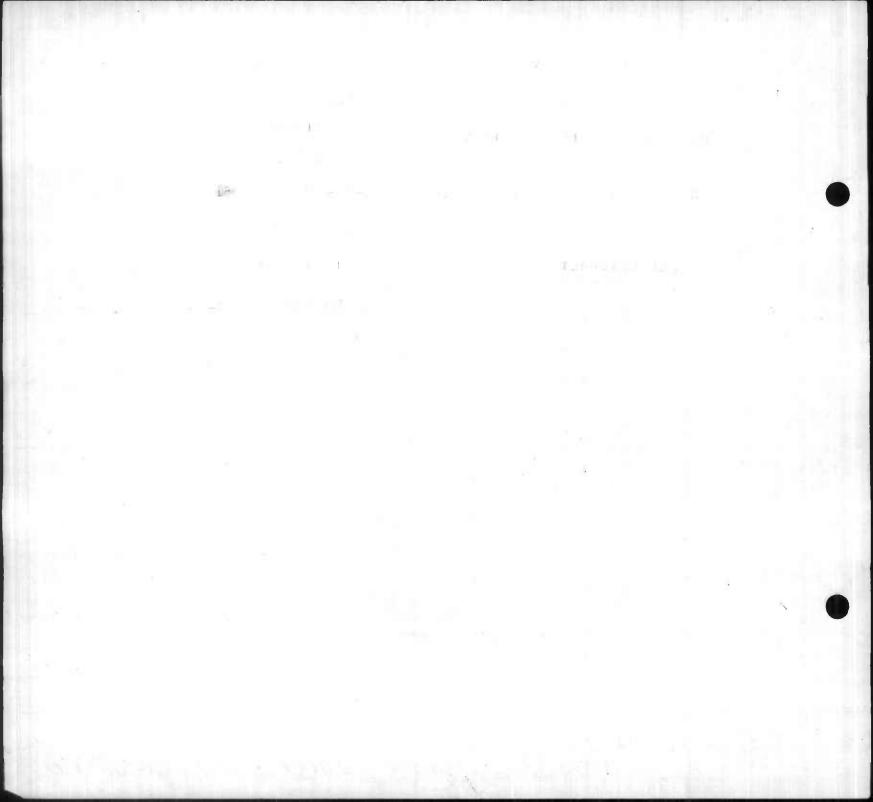
	BAI	TIMORE CITY HEAD	TH DEPARTMENT		65	4009
1097	CE	RTIFICATE	OF DEATH	Registered No.	00	1037
			2. DATE A	AND HOUR OF DEATH		10
Raymond	H. Dempsey		Janu	ary 27, 1965	7	:45 A.M. M.
BALTIMORE, MAR	LAND	4. U A. ST		nere deceased lived. If i	nstitution: residence	before odmission)
(If not in hospitol or oddress or location)	institution, give street	I I	Maryland	outside city limits, write	RURAL ond give to	ownship)
leigh Nurs	sing Home	D. S	Baltimore	If rural, give location)		
5 Rockrose	e Ave.		1300 Stanwood			
te 7	MARRIED, NEVER M WIDOWED, DIVORC Midowed	ED (specify)	TE OF BIRTH 1. 28, 187 7	9. AGE (In years lost birthday) 87	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
life, even if retired)	OB. KIND OF BUSINESS		RTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COL	JNTRY?
tired			laryland		U.S.A.	
sey		14. N	Tother's Maiden N Eliza Haine			
U. S. Armed Force, give wor or dotes	of service) SECU	RITY NO.	FORMANT E. Edna Kron	maier 4300 S	Addri Stanwood A	
CONDITION DIRE	CTLY	CAUSE OF DEA	ATH			AL BETWEEN AND DEATH
NG TO DEATH		(A) Arteri	oscleroti	c cardio-	10 vi	25.
an the made of ia, etc. It means an which caused	lhe disease,	DUE TO	vascular			<u>†</u>
EDENT CAUSES		(B)	*************************			

	or institution, give street	Maryland	2600
HOSPITAL OR oddress or locotion	17	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
Ardleigh Nur	sing Home	Baltimore D. STREET ADDRESS (If rural, give location	
2095 Rockros	e Ave.	4300 Stanwood Ave.	
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
White	WIDOWED, DIVORCED (specify) Widowed	Jan. 28, 1877 87	With the state of
IOA, USUAL OCCUPATION (Give kind of work			12. CITIZEN OF WHAT COUNTRY?
done during most at working life, even if relired) Carpenter—retired		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.00
Amos W. Dempsey		Eliza Haines	
S. Wos Deceosed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dote NO	216-03-6861	Mrs. Edna Kronmaier 4300	Stanwood Ave.
18. 47711	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		10
(This does not mean the made of	dying, e.g., DUE TO	eriosclerotic cardio- vascular disease	LU yrs.
heart failure, asthenia, etc. It means injury ar camplication which caused	me disease,	vascular disease	
ANTECEDENT CAUSES	(B)DUE TO		
DISEASES OR CONDITIONS, if			27
rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)	**** *** *** ** ** ** ** ** ** ** ** **	0000 00000 100 000 (000 0000 0000 0000 0000 0000 00
_ 11			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING	ATED TO THE		
19A. DATE OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?	limore City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ZID. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	While At Not Whi		
22. I certify that (I) (this hospite		. 03	n. 27, 1965
that (1) (we) last saw the deceas	T O	L. P	opinion death accurred on the date
			opinion death decorred an ine date
23A. SIGNATURE	ted above. (1) (We) (did) (did-net)	view the body differ deoth.	23B, DATE SIGNED
Llace	Seulas M.D. At	tending Med. Stoff Phys.	Jan. 28, 1965
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Lloyd E.	Saylor M.D	. 3902 Greenmount Ave.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 1/30/65	Poplar Springs	Cemetery Poplar Sprin	gs, Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 1 196	Robert E. Jankey Mil	Ullrich Funeral Home 4	210 Belair Road.

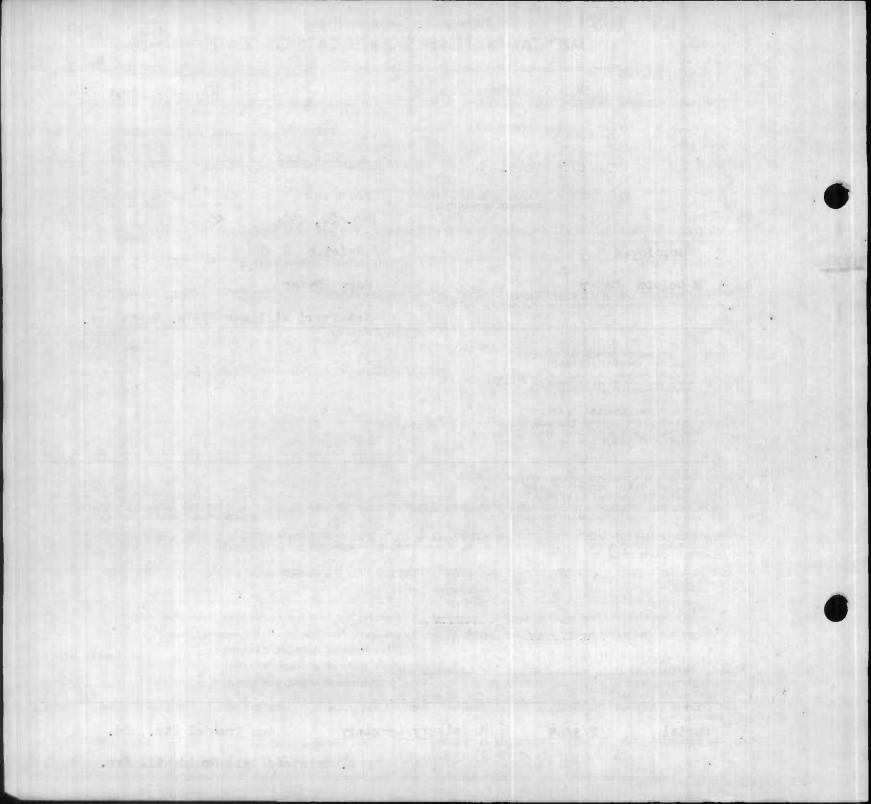


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

0	E 4000	BALTIMORE CIT	IT HEALTH DEPARTMENT		65 1098
BIRTH NO.	5 1098	CERTIFICA	ATE OF DEATH	Registered No	. 00 1000
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	ERTHA MALLO	O.M.	2. DATE 1/2	AND HOUR OF DEATH	9:30 A M.
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W		institution: residence before odmission)
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress or location	or institution, give street n)	MARYLAND	outside city limits, write	RURAL ond give township)
THE JOH	INS HOPKINS	HOSPITAL		(If rural, give location)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MF	С	SEPARATED	2-14-1913	lost hings	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
			South Carolin		
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN N		
LEE	LOADHOLT		DAISEY EAR	RLY	
5. Wos Decease Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Ivelda Robins	son 111-19-1	31st St. Ozone Pk N
18. 150	441		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIS LEADING TO DEATH	RECTLY	Cardiac Co	rest	1
	nal meon the made of , asthenia, etc. It means				/
	mplication which caused	death.)	(areinman to	213	7 Ln/Engwa
	ANTECEDENT CAUSES	DUE TO	A .	7) .	
	OR CONDITIONS, if above couse (A)		arcinonia 1)	Kectum	
UNDERLYIN	G CONDITION lost.	A distributed in our of \$2 and	<i>X</i>	888 \$8 aa a 8	
E TO THE	III IIFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING	ATED TO THE	, and the second		
19A. DATE O		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of	No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED While At Not Will Work At Wol		NJURY OCCUR?	
22	shas 44 (ship happies	l) ottended the deceased from	1/72	19 65 to	1/28 19 65
that the (we) last saw the decease	ed olive on 95% AM 1/ 70	9 10 65 and		ninion dooth assured on the date
		ted obove (*) (We) (did) (did war)			or the dollars of the dollars of the dollars
23A. SIGNAT		red obove (1) (we) (did) (114)	view the body offer deof	h.	23B, DATE SIGNED
	PAR	THI MAD M.D. A	ttending Med. Director	Stoff	1/28/65
23 C. PHYSICI NAME (AN'S Type DT	POR III M.	23D. ADDRESS	Phys.	e Hospital
24A. BURIAL CR	EMATION, 24B, DATE	1 C C C P C P	Sevino	LOCATION	City, town, or county) (Stole)
BREMOVAL		5 mx cal	21000 1711	Paca	TIMITON IN
25A. DATE REC'	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. EUNERAL DIRECT	OR	ADDRESS
	FEB 1 1965 (Robert E. Starber M.A.	Hole	lead 918	Drud Hella
/\$ 150-REV. 1/1					



65	1099	В	ALTIMORE CITY HEAL	TH DEPARTMENT			65	100	0
BIRTH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Registe	ered Na	TOO	7
M.E. CASE NO.									24
1. NAME OF DE	CEASED		The source of the			HOUR PRONOUNC			
		JOHNSON				ary 25, 19			5 P. _M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE(Where d	leceosed lived. If ins 8. COI	titution: resid UNTY	dence belore	odmissio:
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET		N III autside	carparate limits, writ	e RURAL or	nd give tow	nship)
	PROVIDENT	HOSPITA	AL .	D. STREET ADDRI			1		
5. SEX	6. RACE	7 AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH	Gold St	9. AGE (In years	Tif Hader	1 Yr. If Ur	nder 24 He
			OVORCED (specify)			lost birthday)		Doys Ho	
Female	Negro			Dec. 22,	1914	50	1		
	UPATION (Give kind of working life, even if refired)	KIOR KIND OF	BUSINESS OR INDUSTRY	III. BIRTHPLACE (S	itote or foreign	country)	12. CITIZI WHA	EN OF T COUNTR	Y?
Unemp	loyed			Raleigh					
3. FATHER'S NA				14. MOTHER'S MA					
	on Baker			Mary Ba	ker				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
				Mrs Pear	l Willi	ams 739 W.	North	Ave.	
18.			CAUSE	OF DEATH					BETWEEN ND DEATH
DISEA	ASE OR CONDITION DI	RECTLY						ONSET AF	ID DEATH
	LEADING TO DEATH	1	(A) Arte:	riosclerot	ic card	iovascular			
heart lailure	not meon the mode of	s the disease,	DUE TO			disease			
injury or co	emplication which caused	de oth.)							
	ANTECENDENT CAUS		(8)				7		
DISEASES RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO			**********************		***************************************	
UNDERLYI	NG CONDITION LAST.		(C)						
Š .			(0)					• • • • • • • • • • • • • • • • • • • •	
O TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	LATED TO TI							
DISEASE O	F OPERATION 198, COM	NOTION FOR V	VHICH OPERATION	No No		OB. IF YES, WERE FIN CERTIFYING CAU			
UNDERLYING	AL CAUSE WAS OR CONTRIB-	21 B. F home,	form, factory, street, o	in ar obaut 21 C. W	HERE DID (I	l in Baltimare City, g	ive exact la	ocotion)	
<u>=</u>			T. INCOME.	015 110	515 11111	NY 0 001100			
OF INJURY (APPROX.)	(Manth) (Day) (Yea	W	HILE AT NOT AT W	WHILE	M DID INTU	RY OCCUR?			
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	Ited fram: Natural ca		ccident Suicid			ndetermined mann			
			4		DICAL EX				
ACTUA		3 6	1.10	ASSISTANT ME				DATE	SIGNED
SIGNAT		- 14	M.D.	ASSOCIATE ME		process.		1 26 6	
NAME		John	E. Adams, M.	_	EDICAL EX	AMINER		1-26-6))
23A. BURIAL CR	EMATION, 23B, DATE		C. NAME of CEMETERY		23 D. LC	CATION (City	, town, or o	county)	(State)
REMOVAL (Speci			ft Calvana Ca	met ever	Awa	Amindal C	tar M	4	
Burial	2/3/65 BY HEALTH DEPT.	24B. NAME	It Calvary Cer	24C. FUNERA		Arundel C	Ly., M	ADDRESS	/
	TED 1 1005	DO 8-	E. Falley M. A			Old Desid			V
	FED 1 1300	Morror		A. nal	stead	918 Druid	TILL A	ve.	



shows: (1) was D.O. eceased

25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

32-59-70

death Deceased

hospital of Such

death.

no

ance

(2)

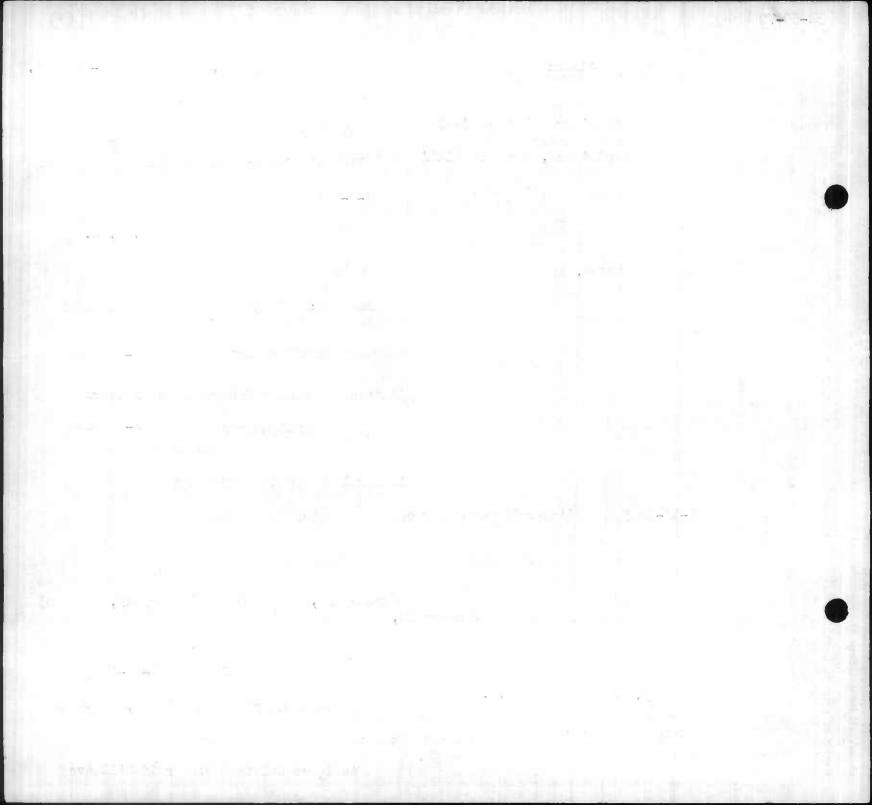
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) James Johnson January 23, 1965 RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY Maryland FULL NAME OF (II not in hospital or institution, give street Baltimore City Hospitals C. CITY OR TOWN (If outside city limits, write RURAL and INSTITUTION Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore. Maryland 21224 1800 Warwick Avenue 21216 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years If Under 24 His. 6. RACE II Under 1 Yı. Months: Doys Hours WIDOWED, DIVORCED (specify) Male Negro 18 2-6-1946 Single 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME James W Johnson, sr Sadie 7. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Insufficiency 2-3 Weeks (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Bilateral Pulmonary Tuberculosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (C) Bilateral Pneumothoraces 2-3 Weeks to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Bilateral Thoracotomy Drainage DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 2A. DATE OF OPERATION WAS PERFORMED Bilateral 1-14-1965 Bile Pneumothoraces Yes 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from January 14. 19 65 to January 23. January 23. 19 65 that (I) (we) last saw the deceased alive an..... and that in (my) (our) aplaian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Med. M.D. Stoff Phy s. 1-23-1965 Phys. Director 23D. ADDRESS Richard Lane 4940 Eastern Avenue M.D. Baltimore, Maryland 24C, NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION REMOVAL (Specify) decease 2/2/65

Calvary Cemetry

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Adolphus Halstead 918 Druid Hill Ave

County



written approval must be obtained before the remains are embalmed or final disposition is made.

prior to death. Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT	65 4404
BIRTH NO. 65 1101	CERTIFICA	TE OF DEATH Registered No.	00 1101
M.E. CASE NO.	CERTIFICA		
	LEXANDER PAYN		
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, II ins A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF III not in haspital HOSPITAL OR I Oddres of both	ty Hospital Bristing organie Sts.		702
	er 1, m).	BALTIMORE	URAL and give township)
		574 Oxford ST.	ct.
5. SEX NEGRO NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) NEURL MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) 50	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	PLO PESSION AL		12. CITIZEN OF WHAT COUNTRY?
ENTERTHINER	THE DANCER	MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0, 0, 1, 1
JOSEPH PAY	NE, Se.	CORA GRIFAN	
15. Was Deceased Evol in U. S. Armod Fo (Yes, no ar unknown) (II yes, give wor or date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	SECORITI NO.	JOSEPH PAYNE, JR.	467 Oxford CT.
18. / 4 / /	CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	BECTLY.		ONSET AND DEATH
LEADING TO DEATH	San San	HAMBUS CELL CARRIED MA	2 483
(This does not mean the mode of hourt foilure, osthenia, etc. It means injuly ar camplication which coused	dying, e.g., DUE TO	DNGUE, INVASINE.	0
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if	DUE TO		
rise Ia The obave couse (A) UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
19A. DATE OF OPERATION 198. CON	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hamo, lorm, factory, street, o	in ar about 21 C. WHERE DID (If in Baltimaro ffice bldg., INJURY OCCUR?	City, give exoct location)
O 21 D. TIME (Manth) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Nat Whi Wark At Wark		
22. I certify that 🎮 (this hospita		In 28 19 65 to 136	Jan 29 1065
that (We) last saw the decease			1
		19 65 and that In (aur) apin	ton death accurred an the date
and haur and fram the causes sta	ted abave. (1) (Max) (did) (gladinas)	view the bady after death.	

23 8. DATE SIGNED Attending Phys. Med. Director Staff Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Edward T. Ruley

24A. BURIAL CREMATION, 24B. DATE PERMAYAL (Specify) 2/3/65 24C. NAME of CEMETERY OF CREMATORY Calvary

M.D Cemetry

Md

County

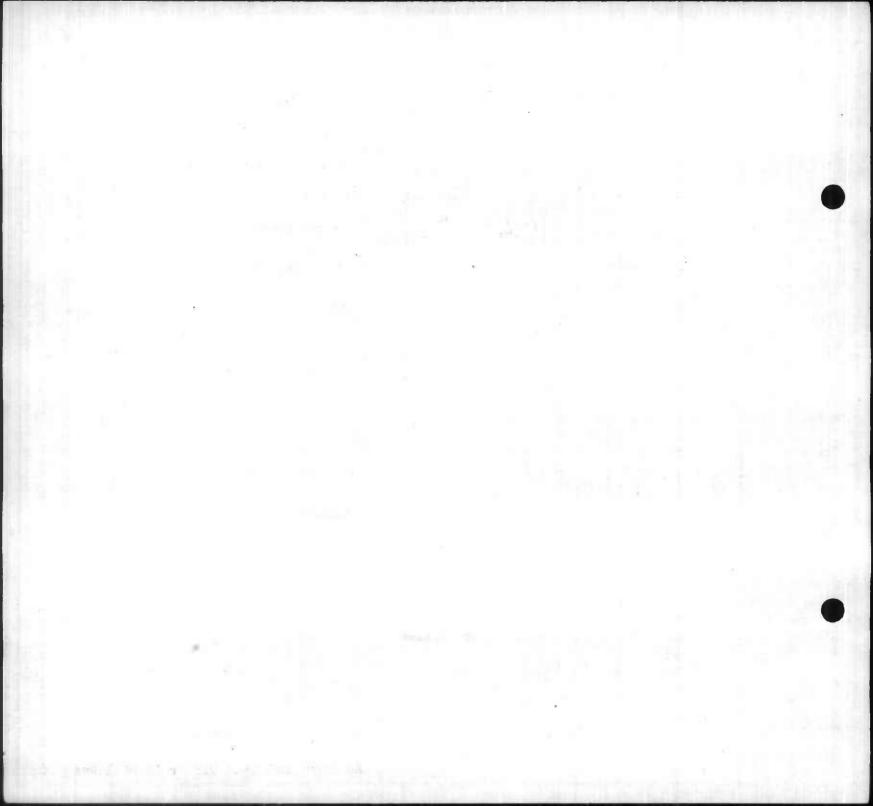
A A

(City, town, as county) (State)

258. NAME OF REGISTRA 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 918 Druid Hill Ave

VS 150-REV. 1/1/65



the

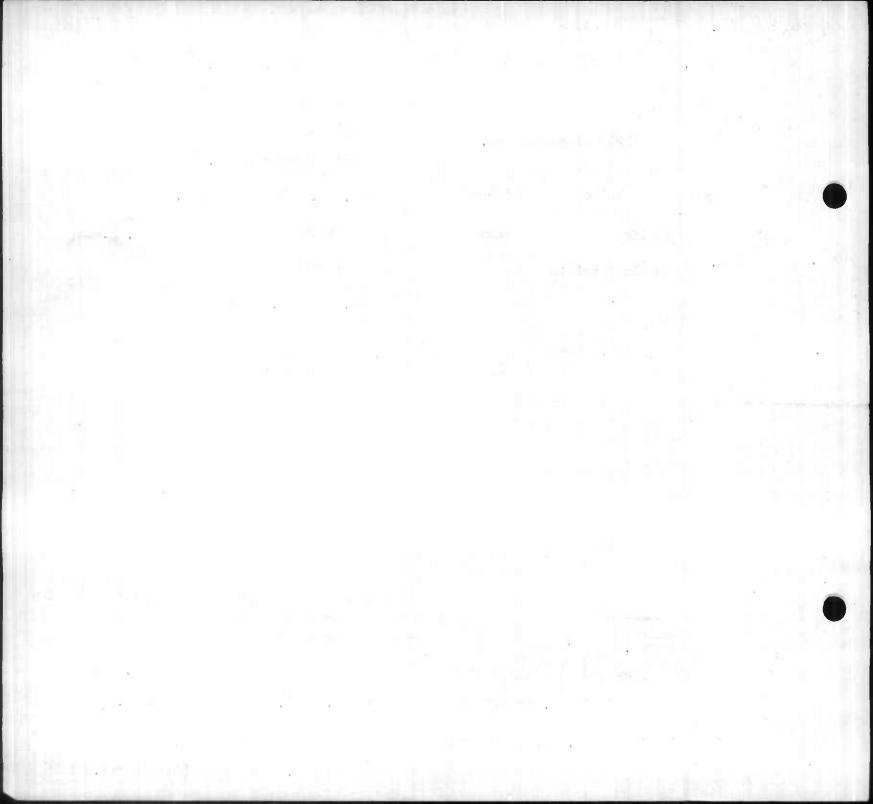
1. NAME OF DE	CONCETT	A MORTILLARO	January 27, 1965	5 5
3. PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceased fived. II in A. STATE B. COUNTY	nstitution: residence before of
FULL NAME HOSPITAL OI INSTITUTION	OF (If not in hospital a oddress or location	or institution, give street)	Maryland C. CITY OR TOWN (Il outside city limits, write Baltimore	RURAL ond give flownship)
	4210 Ridgew	ood Ave.	D. STREET ADDRESS (If turol, give location) 4210 Ridgewood Ave.	
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	Aug. 29, 1878 9. AGE (In yeors lost bidbdgy) 86 yrs.	If Under 1 Yr. II Unde Months Doys Hours
	CUPATION (Give kind of work of working lile, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	wife	None	Italy	U. S.
13. FATHER'S N.	AME		14. MOTHER'S MAIDEN NAME	
An	gelo Fertitta		Salvatora Fava	
15. Wos Deceos (Yes, no or unkno	ed Ever in U. S. Armed Fore	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mr. Louis D. Mortillare	Same
DISEASES	e, asthenia, etc. It meons amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	death.) (B)		
DISEASES rise to UN DERLYII OTHER SIG	ANTECEDENT CAUSES	death.) (B) DUE TO ony, giving stating the (C) ONTRIBUTING TED TO THE		
DISEASES rise to UNDERLYII OTHER SIG TO THE DISEASE O	ANTECEDENT CAUSES OR CONDITIONS, if of the above cause (A) and CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELAR CONDITION CAUSING I	ONTRIBUTING TED TO THE T. (B) (DUE TO DUE TO OUT T	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES rise to UNDERLYII OTHER SIG TO THE DISEASE O 19A. DATE OR CONTRI DEATH (not	ANTECEDENT CAUSES OR CONDITIONS, if of the above cause (A) NG CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELAW CONDITION CAUSING I' OF OPERATION 19B. CON	ONTRIBUTING TED TO THE T. DIE TO ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES rise to UN DERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. INTERCEDENT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSING If the condition causing it is not conditionally cause of the condition cause causing it is not cause to condition causing it is not cause to condition causing it is not cause to cause the condition causing it is not cause to cause the condition causing it is not cause to cause the condition causing it is not cause to cause the cause causing it is not cause to cause the cause c	ONTRIBUTING TED TO THE T. 218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wh. Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA. in or obout 21C, WHERE DID (II in Boltimo office bldg., INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UN DERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi thot (I) (ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. INIFICANT CONDITIONS CONDENT OF OPERATION 198. CONDITION CAUSING I OF OPERATION 198. CONDITION CAUSING I OF OPERATION 198. CONDITION (Month) (Doy) (Yeor) Ty that (I) (this hospital of the causes stated and from the causes and from	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not Whyork A1 Work attended the deceased fram	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA. in or obout 21C. WHERE DID (II in Boltimo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion)

25A. DATE REC'D BY HEALTH DEPT.
FEB 1 100 30, 1965 Lorraine Mausoleum
65 Registrar
George
Geo

1965

VS 150-REV. 1/1/65

George J. Gonce 4001 Ritchie Hwy. 21225



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	65 1100	3	CERTIFICA	TE OF DEATH	Registered No.	65 1103	
1. NAME OF	F DECEASED	1		2. DATE	AND HOUR OF DEATH	12	
(Type or Ppe	BERNARDE SC	bomme	1-	1-	28-65	1900 M	
	F DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)	
				A. STATE B. CO	UNIT	n Re	
FULL NA	FULL NAME OF (If not in hospital or institution, give street address or location)			Md. Balts			
INSTITUT		Olloni		C. CITY OR TOWN (IF	outside city limits, write I	RURAL and give township)	
				Baltimore M	d. (tf rurol, give location)	58-00	
South	Baltimore Ge	noval Ho	spital	28 Greenwood	Avenue 6		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
m	W	Ĺ	D. DIVORCED (specify)	3-28-1886	78	Months Doys Hours Min.	
	OCCUPATION (Give kind of		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	nost of working life, even if retire eet Metal Works		nal Can Co.	Boltimone Co	Manyal and	U.S.A.	
13. FATHER		Nauto	mar van vo.	Baltimore Co. Maryland U.S.A.			
13. FATHER	2 MAINE			14. MOTHER'S MAIDER	AME		
	Theodore	Schemmel			Elizabeth	Unknown	
	coosed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or un	known) (If yes, give wor or	dotes of service)	SECURITY NO.		- 0 /1		
No			212-03-7163	Mrs Julia Pay	ne 28 Greenw	good Avenue 21206	
1B. =	32 V I		CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH	
1	DISEASE OR CONDITION	DIRECTLY		1 141		ONSET AND DEATH	
	LEADING TO DEA	TH	(C) 0	WARY LAAM	unkase as		
	loes not meon the mode		DUDIO				
	oilure, osthenio, etc. It me or complication which cau						
1111017			(B)				
	ANTECEDENT CAU	252	DUE TO				
	SES OR CONDITIONS,						
	se to the obove couse (A) stating the (C) NDERLYING CONDITION lost.			00 bdsceoutttsttsttsttstansstadttsttstttts			
ONDE	RETINO CONDITION 10SI.						
Z							
O THER	SIGNIFICANT CONDITION HE DEATH BUT NOT F						
A DISEAS	SE OR CONDITION CAUSIN	IG IT.					
E 19A. DA	TE OF OPERATION 198. C	CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
THE CO							
	CCIDENT WAS UNDERLYIN NTRIBUTING CAUSE OF	G 21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
₹ DEATH	(notify medical examiner)	etc.		ffice bldg., INJURY OCCUR?			
0 015							
O 21 D. TIM	ME (Month) (Doy) (Ye URY		INJURY OCCURRED		NJURY OCCUR?		
2 (APPRO	X.)	Whi	ile At Not Whi				
00.1				1 - 7	10/5	-90	
22. I c	ertify that HY (this hosp	itol) offended f	4 6		1965 to 1	-28 19 65	
thot 4	(we) lost saw the dece	osed olive on	1-28	19.65 ond	that in (my) (aur) opi	nion deoth occurred an the date	
ond ho	ur_and fram the couses	stoted obove.	(We) (did) (did nor)	view the body ofter deat	h.		
	A. SIGNATURE					23B. DATE SIGNED	
M.D. Attend				ending Med.	Stoff -		
Vr	Noughas	NOIN	Phy	s. Director	Stoff Phys.	1- 28-1965	
23 C/PH	YSICIAN'S AME (Type)	71 00		23D. ADDRESS			
,,,,	- 4 /	las Weir	M.D.	1010 74	Channel		
24A. BIIDIA	L CREMATION, 248. DATE		AME of CEMETERY of CR	1213 Light		ty, town, or county) (State)	
REMO	VAL (Specify)	240, N	MINIE OF CENTELEKT OF CK	240	- LOCATION (CI	ty, town, or county) (Stote)	
Bur	rial 2-1-1	1965 Par	rkwood Cemeter	·v	Baltimore Co.	Md.	
	REC'D BY HEALTH DEPT.		FREGISTRAR	25C. FUNERAL DIRECT		ADDRESS	
	FEB 1 196	Checkell C	C' CONSCOLLEN	Tagahhn Du	drel Home 71	Ol Belair Road 36	
140 150 051	1/1///			Passailli Lm	ret at Home (4)	or peram man de	
VS 150-REV	. 1/1/03						

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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Varginia Registered Na. 110 CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) IVEY HORTON 6-3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY MARYLAND (If not in haspital ar institution, give street FULL NAME OF HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) JOHNS HOKINS HOSPITAL WASHINGTON 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. WIDOWED, DIVORCED (specify) ast birthday Months Days Hours MALE NEGRO 8 SINGLE tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ivey Horton Lena Williams 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na ar unknown) (If yes, give war or dates at service) SECURITY NO. (A) Caldiac INTERVAL BETWEEN Standstill ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MO. (This does not mean the mode of dying, e.g., heal failure, asthenia, etc. Il means the disease, injuly of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving stoling the rise to the above cause (A) UNDERLYING CONDITION Iosi, П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. WAS PERFORMED 20 A. AUTOPSY? (Yes ar Na) 208, IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? yeutal 65 Heart 26 JUSQUESC. 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (natify medical examiner etc.) 21D. TIME 21 F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (Hous) 21E INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Wark Work 19 65 22. I certify that (1) (this hospital) attended the deceased from 65 19 that (I) (we) last saw the deceased alive an... and that in (aur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did) (did not) view the bady after death. 23A. SIGNATUR 23B. DATE SIGNED Attending V Stoff M.D. Med. 135m Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS MO M.D. puta KOOM 24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY (State) Nown, or county REMOVAL (Specify) 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



Such

of death

	BALTIMORE CIT	Y HEALTH DEPARTME	NT		
BIRTH NO. 65 1106	CERTIFICA	TE OF DEA	TH Registered No.	65 1106	
M.E. CASE NO. 1. NAME OF DECEASED	CLITTICA		ATE AND HOUR OF DEATH		
(Type or Print) Bobbie Herl	ant Chago	2. 0,	1-30-65		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENC		nstitution; residence before odmission		
		A, STATE B. COUNTY			
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddiess or location)	ution, give street	Maryland	/	7-00	
Baltimore Cit	y Hospitals		(Il outside city limits, write	KUKAL and give township)	
4940 Eastern	Avenue	Baltimore D. STREET ADDRESS			
Baltimore, Ma	ryland #21224	539 Rober	t Street		
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
34 9	OWED, DIVORCED (specily)	2 02 40	lost birthdoy)	Months Doys Hours Min.	
Male Negro OA. USUAL OCCUPATION (Give kind of work 10 B. Kin	Single ND OF BUSINESS OR INDUSTRY	1-21-48	or foreign country)	12. CITIZEN OF	
lone during most of working life, even if retired)				WHAT COUNTRY?	
		Maryland		U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDE			
Herbert Chas	e	LUE/YN	C. Brown		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO		RECORDS:	B.C.H. 4940 Eas	etann Avanua #212	
18. /	CAUSE	OF DEATH	В.О.П. 4740 Ваз	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH	(A) Nasc	Epithelioma		November 19	
(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the dis					
injury ar camplication which caused deoth.)					
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DISEASES OR CONDITIONS, if ony,					
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OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Ye	S OF NO. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
E 2		Yes	Yes	TOSES OF DEATH:	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or about 21 C. WHERE		re City, give exact location)	
DEATH (notily medical examiner)	etc.)				
O 21 D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?		
OF INJURY (APPROX.)	While At Not Whi				
22 1		12-22-	19 64 to	1-30 19 65	
22. I certify that (1) (this hospital) attention (1) (we) lost saw the deceased alive					
				inion deoth accurred on the da	
and hour and from the couses stated about	ive. (I) (We) (did) (did not)	view the body after a	eath.	loop DATE CLOSS	
23A. SIGNATURE	AA D A	tending Med.	Stoff	23B DATE SIGNED	
Jan Jan	M.D. All	ys. Director	Phy s.	1-30-65	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
Richard	d Iane M.D.	/9/0 East	ern Avenue #23	1224	
	4C. NAME of CEMETERY OF CR			city, town, or county) (Stote)	

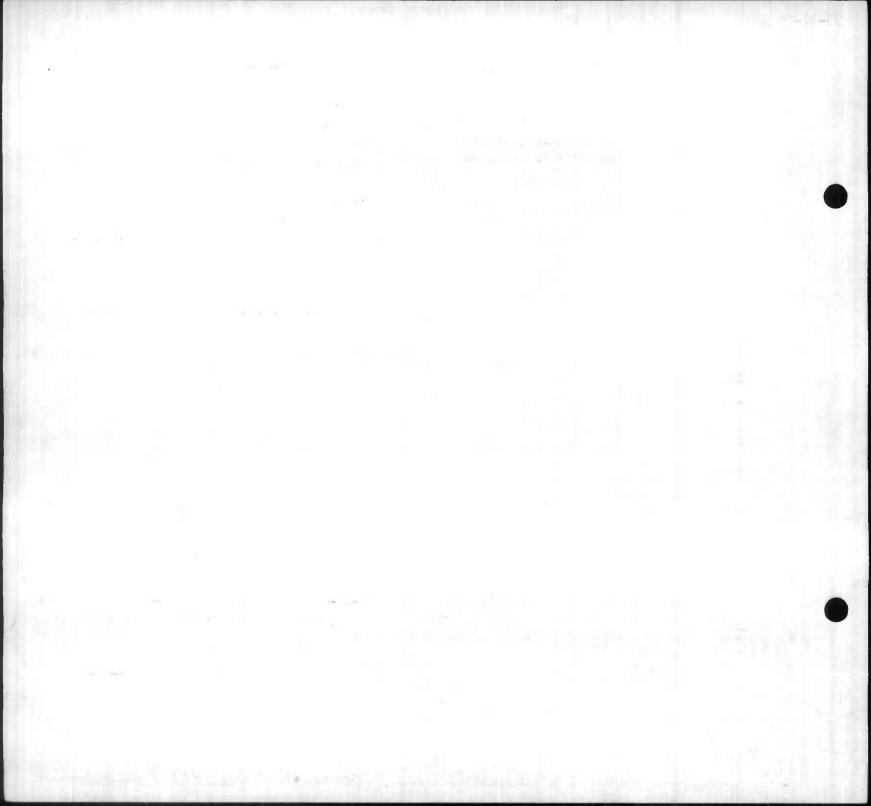
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25B. NAME OF REGISERARY CEMP Robert E. Jahren M.A.

25C. FYNERAL DIRECTOR Chundel Co.

VS 150-REV. 1/1/65

REC'D BY EB DEPT.



VS 151-REV. 1/1/65

BAI	TIMORE	CITY	HEALTH	DEPARTMENT

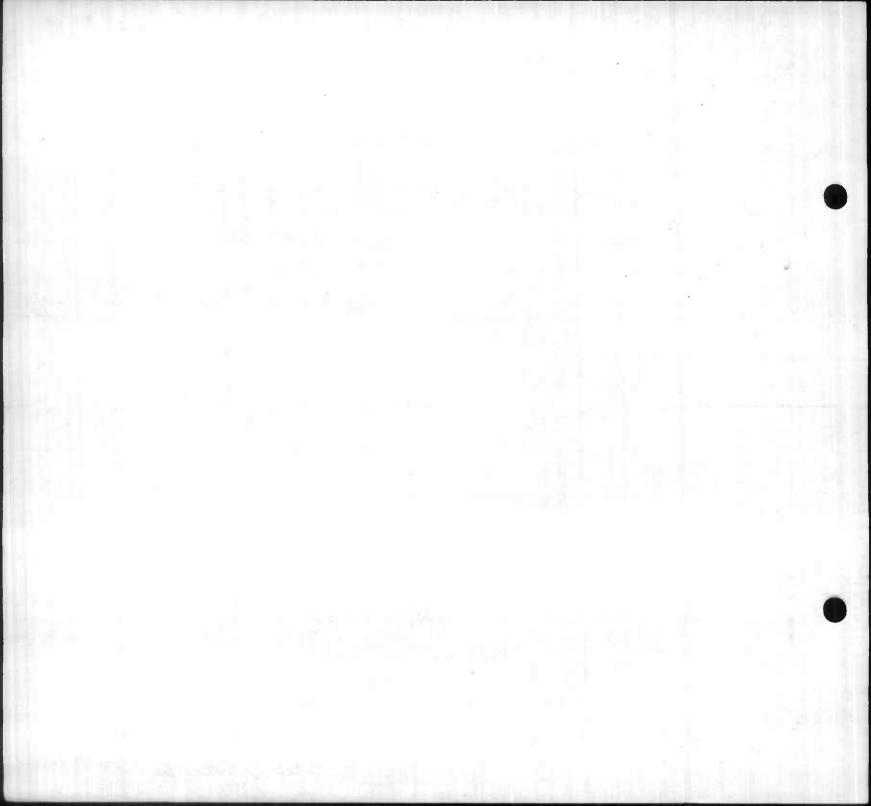
65 1107 65 1107

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence in the street of	7:30 p. M			
RAYMOND E. SPRINKLE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and (Baltimore) D. STREET ADDRESS (If rural, give location)	I M			
RAYMOND E. SPRINKLE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give locotion)	I M			
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence in the country of the composition of the country of the composition of the country of the	ce before admission			
FULL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and RESTREET ADDRESS (If rural, give location)				
Baltimore D. STREET ADDRESS (If rurol, give locosion)	afue taumahia)			
D. STREET ADDRESS (If rurol, give locoson)	give township)			
	00			
3522 Roland Ave. 3522 Roland Ave.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1	Yr. If Under 24 Hrs			
male white Widower Jan. 4, 1889 76	ys Hours, Min.			
10A. USUAL OCCUPATION (Give kind of work of the business of INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Working life, even if retired)	COUNTRY?			
. oor battoor	Maryland USA			
13. FATHER'S NAME				
Thomas Sprinkle Matilda Cook				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 212 10 9928 Mrs. Irms. Shay 3520 Reland Aven	ue			
0.000	TERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	osclerotic cardiovascular disease			
(This does not meon the mode of dying, e.g., DUE TO				
heart failure, asthemia, etc. It means the disease, injury or complication which coused death.)				
injuly of completion which coosed dealing				
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	••••••••••••••••••••••			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED (C)	SIDERED			
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEAT				
	tion)			
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locate home, form, factory, street, office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK				
1 certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinion				
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner				
CHIEF MEDICAL EXAMINER	DATE SIGNED			
SIGNATURE M. G. A. M.D. ASSISTANT MEDICAL EXAMINER				
EXAMINER'S ASSOCIATE MEDICAL EXAMINER				
	/29/65			
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or cour				
REMOVAL (Specify)				
Burial Feb. 2, 1965 St. Mary's (Hampden) Baltimore, Maryland				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADD	DRESS			
FEB 1 1965 P. O. In E. Joseph Burgee Funeral Hone 3631 Falls	s Road			

W F & P

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	05 4400	BALTIMORE CIT	Y HEALTH DEPARTMENT				
11	ATH NO. 65 1108	CERTIFICA	ATE OF DEATH	Registered No	65 1108		
1.1	NAME OF DECEASED Upe of Print) GRACE, THAY	ER	2. DATE AN	HOUR OF DEATH	13:30 P M		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE When	14. USUAL RESIDENCE Where deceased lived, If institution: residence before admission)			
	FULL NAME OF (If not in hospital or Anstitution oddiess or location)	MARYLAND (16 ON)	tside city limits, write RI	27-10			
15	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL on give township) BALTIMORE					
	unas trogon		D. STREET ADDRESS (III	rural, give location) COLD SPI	KING LANE		
5.		SED, NEVER MARRIED WED, DWORCED (specify)	Nov 1-1879	9. AGE (In years lost birtheon	If Under 1 Yı. If Under 24 Hrs. Months Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 108, KIND ne duling most of working life even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHILACE (Stote or forei	gn country!	12. CITZEN OF WHAT COUNTRY?		
	FATHERS NAME Haines		14. MOTHERS MAIDEN NAT	. Trummer	2		
15° (Ye	Nas Deceased Ever in U. S. Armed Faices? es, no dranknown! (If yes, give wor or dotes of service)	SECURITY NO.	Mas Catherine	A. Consor 13	310 J. Erle Apring		
	18. 581,0 I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-A STRO INTEST	TIMAL				
	(This does not meon the mode of dying, e heart failure, asthenia, etc. It means the disea	HEMORRHA	46	>> = = = = = = = = = = = = = = = = = =			
	injuly of complication which coused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giv						
	rise to the obove couse (A) stoting			**************************************			
	ONDERETING CONDITION 1881.						
ATION							
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?		
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
MEDI	OF INJURY	21E, INJURY OCCURRED While At Not Wh	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.)	Work L At Wor	k 🗀	. , ,	1/20		
	22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive a	1/20	1 /	19 <u> </u>	ion death occurred on the date		
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.						
	23A. SIGNATURE	effalogot M.D. A.	ttending Med. Director	Stoff Phys.	23B. DATE SIGNED 1/28 / 1965		
	23C. PHYSICIAN'S NAME (Type) D. Leonard	Koky M.D	23D. ADDRESS	apital			
24	A. BURIAL CREMATION, 248 DATE REMOVAL (Sp. Cify)	Mendow Dr	mematory 24D. 19	arroll Bu:	Maryland (Stote)		
25	A. DATE REC'D BY HEALTH DEPT. 1258. NAME FEB 1 1965	SE Farley Mil	25C EUNERAL DIRECTOR	Fyneral Hora	4 3 431 Falls list		
VS	150-REV. 1/1/65			Harace 911	wagel		



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	BALTIMORE CITY HEALTH	PEPARTMENT		
1109	CERTIFICATE OF	DEATH	Registered Na.	65 1109
	(NEE SAUTE	P) TAN.	29 th	965 8 A. M.
BALTIMORE, MARYLAND (If not in hospital or institution, give soddress or location)	O OTHER	D. B. COUNT	2	RAL and give township)
CONKLING	ST. B. STREET	9470.	rol, give location)	KAL one give township)
	11/5	1 S. C	ONKLI	MG ST.
HITE WIDOWED, DIV	FR MARRIED (Specify) 8. DATE OF		AGE (In yeors st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IN (Give kind of work 10B. KIND OF BUSI lile, even if retired) HOME	NESS OR INDUSTRY 11. BIRTHP	ACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY? USA
	14. мотн	ES MAIDEN NAM		
DAUTER	MA	R6.	REUT	ER
	OCIAL TO INFORM	TEND RE	INOLDS 1	ADDRESS 182 SCONKLING
1	CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
CONDITION DIRECTLY	CEREARAL DUE TO	HEMORK	HALL	3 dys
an the made of dying, e.g., ia, etc. II meons the disease, on which coused deoth.)	ARTORIOS CLO	rebric Cit	Dis.	10 yrs.
EDENT CAUSES	(8)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		**************************************
ONDITIONS, if ony, giving ve couse (A) slating the ADITION last.	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
II T CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE				

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,

(This does not mean the made of dying heart foilure, osthenia, etc. It meons the d

injury or complication which coused death.

BIRTH NO.

5. SEX

CERTIFICATION

MEDICAL

2

M.E. CASE NO. (Type or Print)

3. PLACE OF DEATH IN

FULL NAME OF HOSPITAL OR

13. FATHER'S NAME

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hospital and

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> the above couse (A) slatin UNDERLYING CONDITION last.

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

6. RACE

done during most of working lile, even if retired)

10A, USUAL OCCUPATION (Give kind of work 10B. K.

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of se

OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

etc.)

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exoct location)

DEATH	(notily	medical	exominer)		
ID. TIM		(Month)	(Doy)	(Yeor)	(Hou

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21 E. INJURY OCCURRED

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21 F. HOW DID INJURY OCCUR?

AP	PR	(O)L)				V	Vork	
2.	1	certify	that	(I) (this	hospital)	attended	the	de

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that	(I) (we)	last	saw	the	deceased	dalive	an	11	29	 	.19
and	hour and	fran	n the			ad aba	- (B)	Dw-V	(dia) (dia	 ui au a	h-a

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and	that	in (my)	(aur)	apinion	death	accurred	an	the	qa
death	1.								

Phuramm	Holho box
	affe weeks
23C. PHYSICIAN'S NAME (Type)	1.1

M.D. Attending Phys. 23D. ADDRESS

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?

Med. Director Stoff Phys. DATE SIGNED

M.D. CREMATORY

town, or county

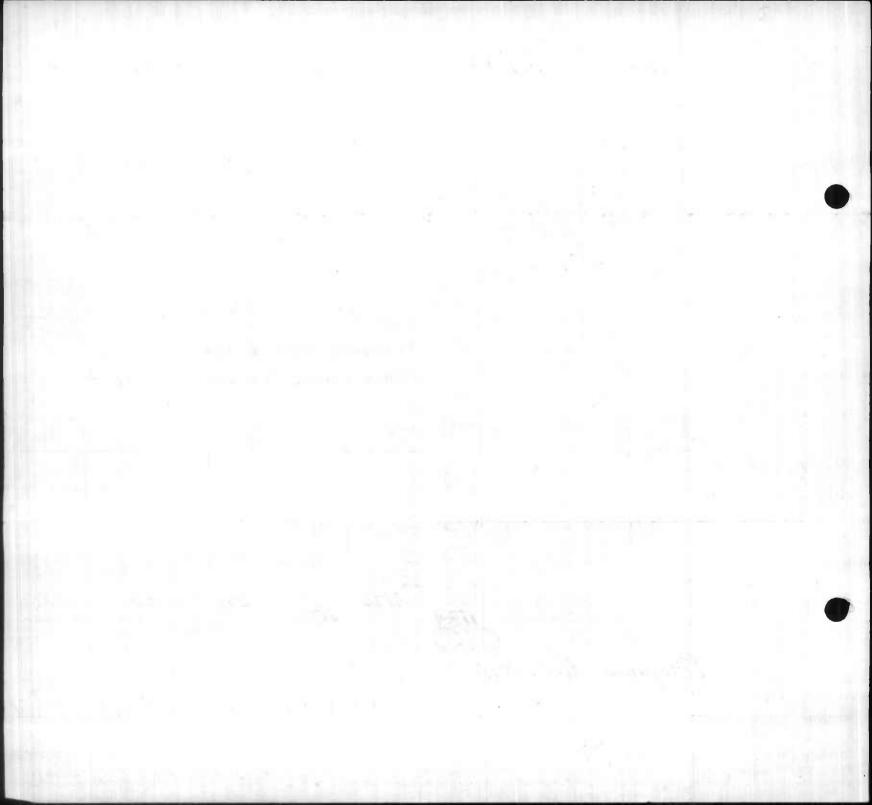
REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT

OF REGISTRAR 25B. NAME

FUNERAL DIRECTOR

VS 150-REV, 1/1/65

24A. BURIAL CREMATION,



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(4) Undetermined in regular

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the body shows:

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(6) No physician was

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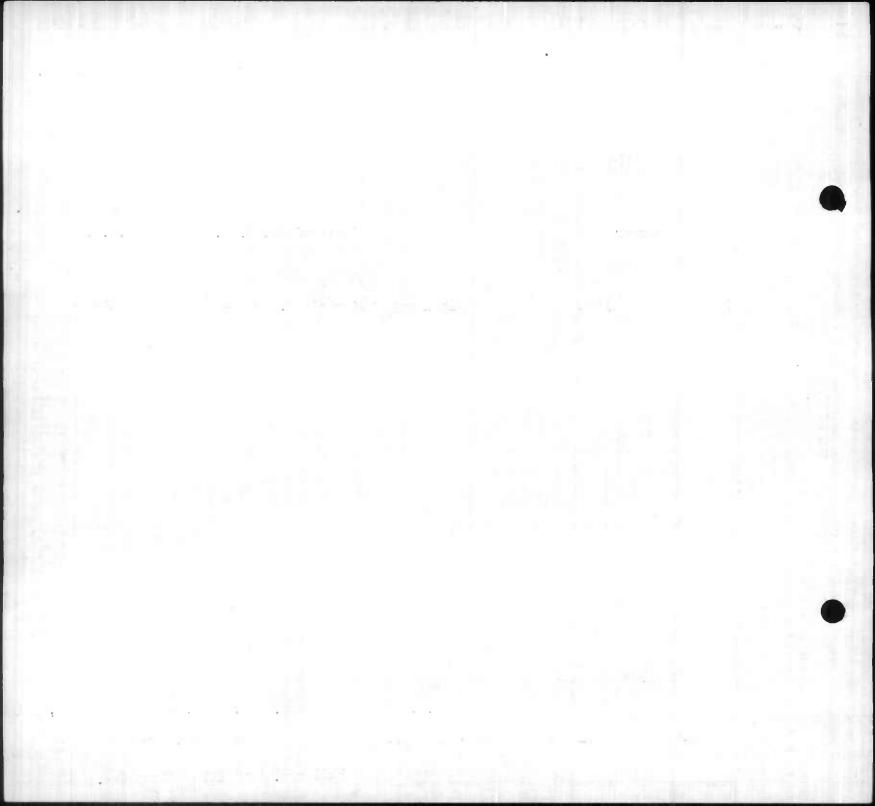
V\$ 150-REV. 1/1/65

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at (1) An

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) James Gray
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 1/28/65 5:30 p. M USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) B. COUNTY (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION (If ruial, give location) South Baltimore General Hospital 2830 Denham Circle is mad 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un Manths! Days Hours If Under 24 Hrs. WIDOWED, DIVORCED Ispecify) Male Colored Married IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Laborer Wintersville, N. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gray Jami Oaks 15. Was Deceased Ever in U. S. Anned Forces? 6. SOCIAL 17. INFORMANT or final (Yes, na ar unknown) (If yes, give wor or dotes at service) SECURITY NO. Virginia ". Gray - 2830 Denham Circle Yes 218-18-8521 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES obtained before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? IYes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, laim, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacotion) MEDICAL DEATH (notify medical exomine) etc.) 21 D. TIME 21E. INJURY OCCURRED (Manth) (Doy) (Year) [Hous 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At r (APPROX.) At Wark 22. I certify that \$1) (this hospital) attended the deceased from 1/28/65 1/28/65 1/28/65 that XI) (we) last saw the deceased alive an.... and hour and from the causes stoted abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Phys. written approval Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MICHAEL KILCHENSTEIN. South Balto. Gen. Hosp. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Baltimore, Maryland Burial Baltimore National 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Charles R. Law 802 Madison Ave.



4441		
1111	BALTIMODE CITY	HEALTH DEPARTMEN
A A A	BALLIMORE CIT	DEALID DEFARIMEN

65 1111	BALTIMORE CITY HEA	LTH DEPARTMENT	EE 4434		
BIRTH NO. MEDI	CAL EXAMINER'S C	ERTIFICATE OF DEATH Regist	ered No. 65 1111		
M.E. CASE NO.					
1. NAME OF DECEASED		2, DATE AND HOUR PRONOUNG	CED DEAD		
SONNIE	B. JEFFRIES	January 27, 196	65 3:20 P. M.		
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins. A. STATE Maryland	stitution: residence belore admission) UNTY		
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Maryland General Ho	spital	D. STREET ADDRESS (If rurol, give locotion) 3408 Holmes Avenue			
	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
Male Negro	Married	6-17-1906 58			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk	Md. State Building	Raeligh, N. C.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Sonnie B. Jeffries		Rebecca ?			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes		Pearl Jeffries - 3408 Hol	Address Lmes Ave.		

	18. 422 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic Card	lovascular Disease.
ERTIFICATION	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	IB) DUE TO	duly
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERI			208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
EDICAL		OF INJURY (e.g., in or obout 21C. WHERE DID foctory, street, office bldg., INJURY OCCUR?	If in Boltimore City, give exact location)
Σ	21D TIME (Month) IDoy) IYeor) (Hour) 21E. INJURY (APPROX.) WHILE A	URY OCCURRED 21F. HOW DID INJU	RY OCCUR?
	22. 1 certify that I held an Inquiry Insperience Ins		s basis, death In my aplnion
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty	CHIEF MEDICAL EX	AMINER DATE SIGNED 1/28/65
	MOYAL (Specify)		OCATION (City, town, or county) (State)

ept. 248, NAME OF REGISTRAR CHARLE DIRECTOR Charles R. La

Baltimor, Maryland ADDRESS

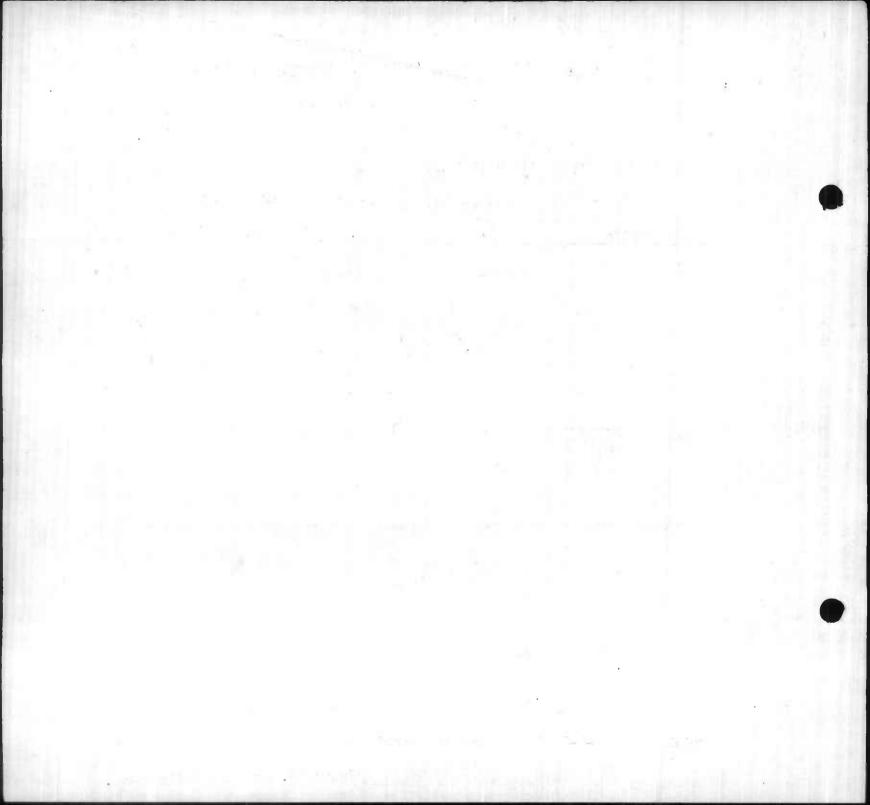
Charles R. Law 802 Madison Ave.

24A. DATE REC'D BY HEALTH DEPT.

2-1-65

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05 4440	BALTIMORE CITY	HEALTH DEPARTMENT	OF ALLO
ыктн но. 65 1112	CERTIFICA	TE OF DEATH Registered No.	65 1112
M.E. CASE NO. 1. NAME OF DECEASED	A A A A	2. DATE AND HOUR OF DEATH	
(Type or Print) FLIZA A. H.	ARRIS (Eliza	A. Stokes ANUARY 28 1	965 9:45 P
SI TEACE OF BOSTII IN DASHINORS MARIENTO		A. STATE B. COUNTY	monon, residence delore danks sidi
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
Carling to a CARVE	ER NURSING Home	923 HARLEM AVE	NAS
607 PENNSYPAVANIA	Are nue	D. STREET ADDRESS (III rurol, give location)	11 1
BANTIMORE, MA			1621
	VED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
	asmodi	Sept 12, 1890 65	
OA. USUAL OCCUPATION (Gir kind of work 10B. KIND		11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)	7	So. Hampton Co,, Virginia	11. S.A
Housewife 3. FATHERS NAME	Y	14. MOTHER'S MAIDEN NAME	U, BIN
+110000	0.6	A . D	
5. Was Deceased Ever in U. S. Armed Forces?	es 16. SOCIAL	ANNIE DAVIS	ADDRESS
Yes, no or unknown) (II yes, give wor or dotes of service	SECURITY NO.	011001#1	1 .
No No	* **	CHART 607 607 16	NNSULAVANIA AVE
1B. 443 XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	15	1-1-0	1- 4
LEADING TO DEATH	(A) 1791	705 tole Justinon	/ worth
(This does not meon the mode of dying, of heart failure, asthenia, etc. It means the disease		,	. 1
injury or complication which coused death.)	Hun	enterous a contactor Disco	Unknown
ANTECEDENT CAUSES	DUE TO	4 (100)	
DISEASES OR CONDITIONS, if ony, give		Artomoschowson	Unknows
rise to the above couse (A) stating UNDERLYING CONDITION lost.	ine (C)	7/1/6/10/08/09()	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	DINOC CONCIDENCE
WAS PERFORMED	OR WHICH OPERATION	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of	or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
DEATH (notily medical examiner)	etc.)	ince stops, indon't occor:	
D 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not While		
	Work Al Work		
22. I certify that (I) (this haspital) attended	ed the deceased from	19to	
that (I) (we) lost sow the deceased olive	on	19ond that in(my) (our) apin	ion death occurred on the do
and hour and from the causes, stated above	e. (I) (We) (did) (did not) v	lew the body after death.	
23A. SIGNATURE		,	23B. DATE SIGNED
Z. E. Hold	M.D. Atte	nding Med. Stoll Phys.	1-28-65
23C.PHYSICIAN'S		Director Phys. 23D. ADDRESS	1- 21 00
23C. PHYSICIAN'S NAME (Type) F - HOLF	M.D.	3715 libert Hote Ave	
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY or CRE	MATORY /24D, LOCATION (City	y, town, or county) (State)
REMOVAL (Specily)			
Burial 2-2-1965	Arbutus Memori	lal Park Baltimore, Ma	ADDRESS
EER 1 10CE A	Br & FalleuM.A		
FED 1 1300 (166)	O C' ACHTERINA	Charles R. Law 802 Madis	on Ave.
VS 150-REV. 1/1/65			



	65	1113	
BIRTH	NO.		M

65	1113		BALTIMORE CITY HEAL	TH DEPARTMEN	Т			65	1112
BIRTH NO.		MEDICAL EX	KAMINER'S CI	ERTIFICAT	E OF D	EATHR	egistered No		1110
M.E. CASE NO.									
1. NAME OF DE	CEASED	L.			2. DATE AND	HOUR PRON	OUNCED DEA	D	
		Elmer Mixter				30, 19			1:10 A _{M.}
3. PLACE IN BAL	TIMORE, MARY	LAND, WHERE PRONOI	UNCED DEAD	4. USUAL RESIDE		ceased lived.	. If institution: r B. COUNTY	esidence befo	are admission
FULL NAME OF	(IF NOT I	N HOSPITAL OR INSTITU	UTION, GIVE STREET	Maryl		annanta limi	ta verita DIIRAI	and due to	aa.bia)
HOSPITAL OR	ADDRESS	OR LOCATION)		C. CITI OK TOW	VIN (II OUISIDE I	сограгате пптп	15, WHIE KOKA		- Twiship
				Balti D. STREET ADDR		1 2 1	-	1-1	
	0 .1 7	1.1	7 77 . 7	0000					
5. SEX	6. RACE		eral Hospital	B. DATE OF BIRTH	Hayward	9. AGE (In	 	der 1 Vr. If	Under 24 Hrs
J. JEK	0. 1.	WIDOWED,	DIVORCED (specify)			lost birthday	y) Manth	Days H	laurs Min.
Male	Whit			Dec. 22, J		70	10 6	TOTAL OF	
done during mast of	working life, ever	n if retired)	F BUSINESS OR INDUSTRY					HAT COUN	TRY?
Guard.	Md. S	State Dept. M	lotor Vehicles	Baltin	nore, Md	•			
13, FAIRERS NA	IVIE			14. MOTHER'S MA					
TE WAS DECEAS	ED EVED IN II	George T. M	lixter	17. INFORMANT	Mamie	Eaton	ADDR	Ecc	
		S. ARMED FORCES?	SECURITY NO.						
No			217-05-8326	Mrs. E. I	L. Mixte	r, 3305	Haywar	d Ave.	
1B.	11		CAUSE	OF DEATH					AL BETWEEN
DISEA	ASE OR COND	DITION DIRECTLY							AITO DEATH
(This days	LEADING T		Arterio	sclerotic	Cardiov	ascular	Diseas	е	
heort failure	e, asthenia, etc.	made of dying, e.g., It means the disease, th caused deoth.)	DUE TO						
	ANTECENDEN		(B)						
RISE TO TH	HE ABOVE CAL	ONS, IF ANY, GIVING	DUE TO						
	ING CONDITIO	ON LAST.	(C)						
<u> </u>	11					2004	-		
	SNIFICANT CO	NDITIONS CONTRIBUTI							
DISEASE O	OR CONDITION	NOT RELATED TO T	'HE			***************************************			
19A. DATE O	F OPERATION	198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?					ED
0		WAS PERFORMED		no		CERTIFIE	G CAUSES OF	DEATH?	
Q 21 A. EXTERNA	AL CAUSE WA	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. W	HERE DID (IF	in Boltimare	City, give exac	t locotian)	
	USE OF DEATH								
Z 21 D TIME OF INJURY	(Month) (D	lay) (Yeor) (Hour)	TE INJURY OCCURRED	21 F. H.C	W DID INJUR	OCCUR?			
(APPROX.)			WHILE AT NOT	WHILE					
22.			WORK AT W						
I ce	rtify that I he	ld on Inquiry	Inspection X Aut	opsy ond	thot on this	bosis, deo	th in my opin	lon	
resu	Ited from: No	atural couses X	Accident Suicid	e Homicle	de Un	determined	monner		
ACTUA	. 1	1 - 1	P		EDICAL EXA	37		DATE	SIGNED
SIGNAT		The E. Ho	the M.D.	ASSISTANT ME	EDICAL EXA	MINER A			1, 1965
EXAMI				ASSOCIATE M	EDICAL EXA	MINER			
23A, BURIAL CR		John E. Adams		CDF444 CO	200 10	DA FION	(C:h., h-	22 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(-4-4-2)
REMOVAL (Speci		D. DATE 23	C. NAME of CEMETERY	CREMATORY	23D. LO	ATION	(City, town,	or county)	(Stote)
Burial		2/3/65	Mt. Zion Ceme	tery	Fre	eland,	Md.		
24A. DATE REC'E	D BY HEALTH		OF REGISTRAR	24C. FUNER	AL DIRECTOR			ADDRESS	
	FEB 1	1965 Releat	r E. Jailey M.A	la Vora	1 hr a fact	46	611 Park	Heigh	ts Ave.

V\$ 151-REV. 1/1/65

. The Edward Co. T. Co. L. Co. Williams Si the series was an expense of the series o

written approval must be obtained before the remains are embalmed or final disposition is made.

death); and (6) No physician was

(except where

shows: (1) An accident of any nature;

was D.O.A. at a hospital

deceased prior to

kind; (4) Undetermined cause; (5) Decease

on th

attendance 0 prior

regular deceased

MOS the

death 0

fracture of any pronounced

(2) Body burns; (3) A physician

attendance

regular who

death.

1, 1, 1		BALTIMORE CITY
and sed the the	MRTH NO. M.E. CASE NO. 65 1114	CERTIFICA
as as	1. NAME OF DECEASED	

			BALTIMORE CITY	HEALTH DEPARTMENT		
M.E	TH NO. 65 1114		CERTIFICA	TE OF DEATH	Registered Na.	65 1114
	DE OF DECEASED			2, DATE AN	D HOUR OF DEATH	
		EDWARD	ELGERT	JANUAR	Y 30, 1965	1:10 A.M
3. F	PLACE OF DEATH IN BALTIMORE, A	ARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
-	FULL NAME OF (If not in hospit HOSPITAL OR oddress or loco NSTITUTION		on, give street	C. CITY OR TOWN (If out BALTIMORE	side city limits, write I	RURAL and give township)
	1109 RAMBLEWOOD ROA	D		D. STREET ADDRESS (III	on ROAD	
5. S	IALE WHITE		HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of we during most of working life, even if retired	ork 10B. KINI			gn country)	12. CITIZEN OF WHAT COUNTRY?
RI	ET. GRAIN MERCHANT			BALTIMORE, MARY	TLAND	U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
E	DWARD ELGERT			ELLEN DAVIS		
15.	Was Deceased Ever in U. S. Armed	Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s,no or unknown) (If yes, give wor or d	otes of servi	ce) SECURITY NO.	MISS THELMA ELO	rent	SAME
_	18.		CAUSE O	OF DEATH	72404	INTERVAL BETWEEN
	DISEASE OF CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEAT		(overoma of S	formach	3 monte
	(This does not meon the mode			1		
	heort foilure, osthenio, etc. II meo injury or complication which cous		ose,	uninome if P	A. A.	12 40
	ANTECEDENT CAUS	ES	(B)	4	your are	
	DISEASES OR CONDITIONS, I	f onv. ai		0		5 440
	rise to the obove couse (A			Cmoney emply	senz	3 72
	UNDERLYING CONDITION lost.			101		U
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN	LATED TO				
CERTIFICA	19A. DATE OF OPERATION 19B. CO		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
1	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDICAL	21 D. TIME (Month) (Doy) (Ye	or) (Hour)	21 E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
8	OF INJURY		While At Not Whi	le C		

21 D. TIME 21E INJURY OCCURRED OF INJURY While A (APPROX.)

Not While At Work Work

21F. HOW DID INJURY OCCUR?

ottended the deceased

that (I) (lost sow the deceased alive ond that In(my) (our) apinion death occurred on the date

and hour and from the causes stated above. (1) ((i) (did) (didnet) view the body after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys. 23D. ADDRESS Med. Director

23 B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify) 2/2/1965 BURIAL

PARKWOOD CEMETERY

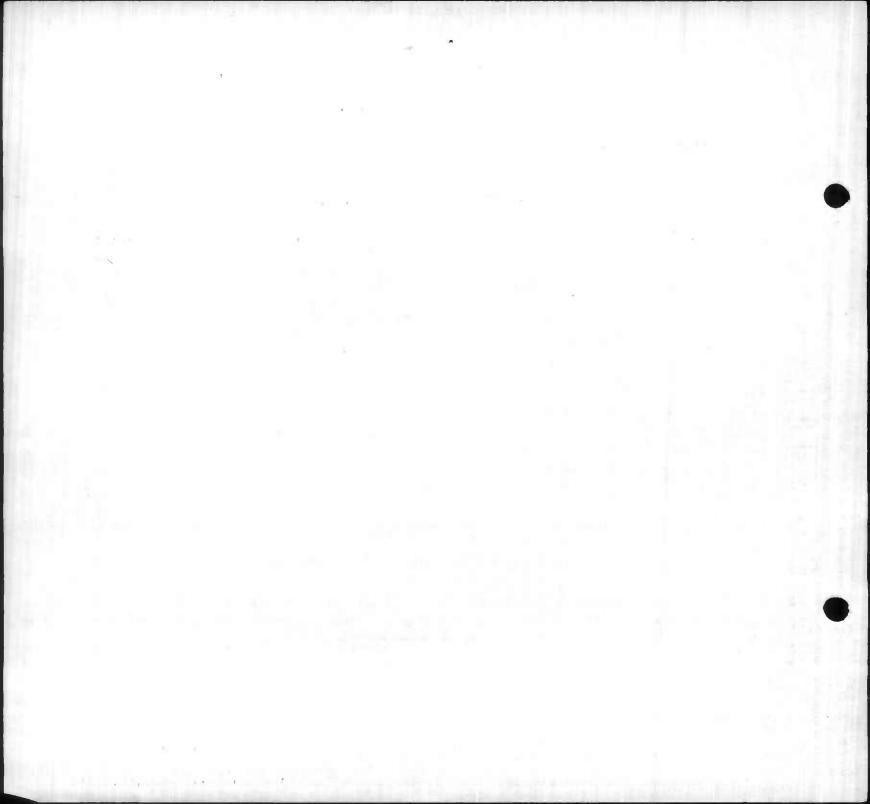
BALTIMORE. 25C. FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

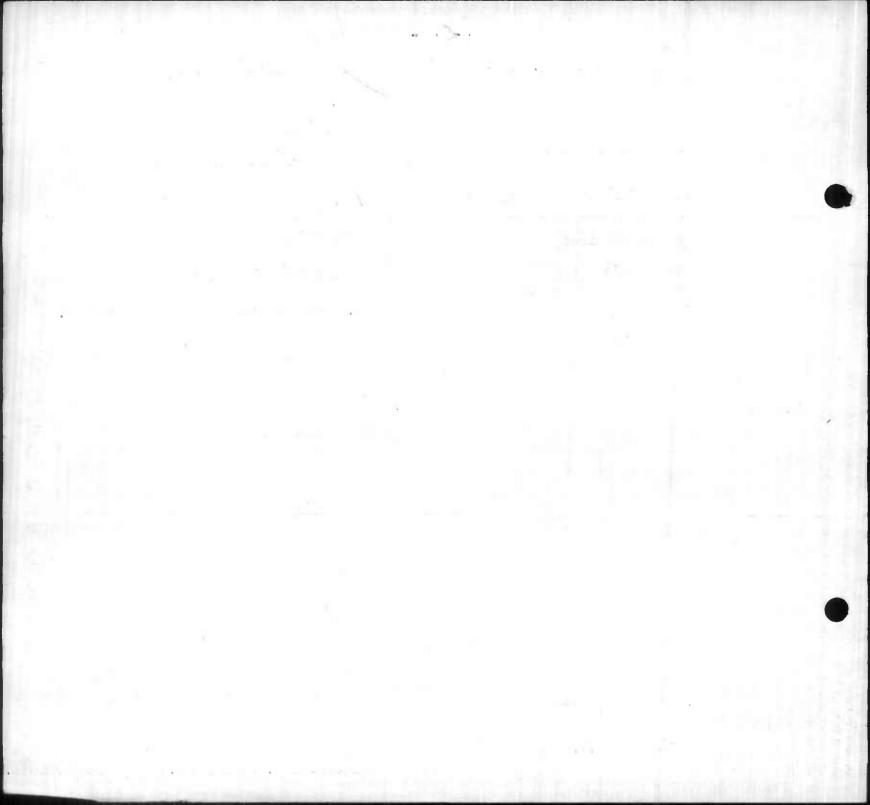
LEONARD J. RUCK, INC., BALTO

VS 150-REV, 1/1/65



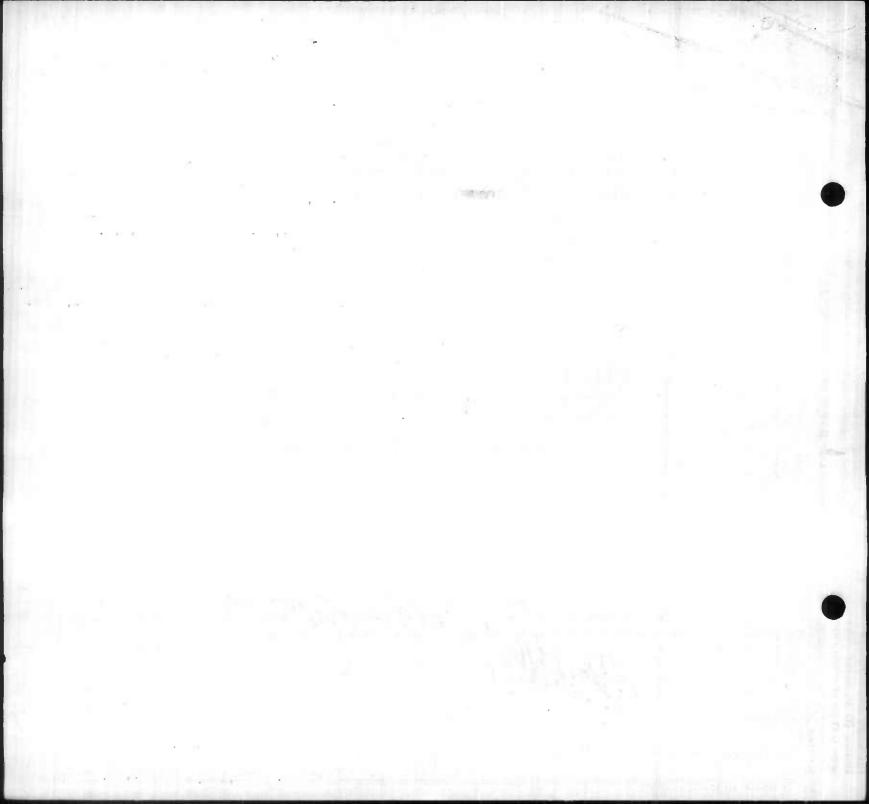
	05 1115	BALTIMORE CIT	I HEACHT DEFARIMENT		000
BIRTH NO. M.E. CASE NO.	65 1115	GERTIFICA	ATE OF DEATH	Registered No	65 1115
1, NAME OF DE		11 11 1		AND HOUR OF DEAT	. / -
	FIUGUST. 7	1. Hemle	4. USUAL RESIDENCE (W	uary 29, i	965 6 1
FULL NAME		RYLAND or institution, give street	A. STATE B. COL	here deceased lived. If JNTY	institution: residence before admis
HOSPITAL OF				outside city limits, writ	e RURAL and give township)
6600	Old Harford	d Road	D. STREET ADDRESS (6600 OLd 1	Harford Ro	pad
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	3/27/1880	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hauts Mi
	CUPATION (Give kind of work all warking lile, even if retired)	108. KIND OF BUSINESS OR INDUSTR			12, CITIZEN OF WHAT COUNTRY?
Grocery	man (Retired)		Maryland		USA
13. FATHER'S N	AME		14. MOTHER'S MAIDEN N	AME	
Jacob	Hemle		Elizabeth W	ildberger	
15. Was Decease	od Ever in U. S. Armed Far	s al service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		JECONIII IIO.	Mrs Donathan	Hamla 6600	074 116- 1 71
18. //	P) 1	CAUSE	Mrs. Dorothea		ULA Hariord Rd
7 0	ASE OR CONDITION DI	P. A	able you mend	Caronarus	ONSET AND DEATH
Dise	LEADING TO DEATH	(FILE)	thromboses		1 day
	nal mean the mode of	dying, e.g., DUE TO	2-10m. solostes	Company V	
	a, asthenia, etc. 11 means			CANDO PARTY DE	V360 //
Injury of Ca			one doctor	Corollary &	isex 8
injury or c.	amplication which caused		Hypertension	and and	10 years
	amplication which caused ANTECEDENT CAUSES	death.) (8) DUE TO:	Hypertension	and estopho	10 years
DISEASES	amplication which caused	death.) (B) DUE TO	Hypertension	and estophy	10 years
DISEASES rise la	ANTECEDENT CAUSES OR CONDITIONS, if	death.) (B) DUE TO	Hypertension youardiel Hyp to artinose	and estophy terosci	10 years
DISEASES rise la l UN DERLYIP	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A)	death.) (B) DUE TO	Hypertension Abcarlie Hyp I to artenose	and erlophy terosis	10 years
DISEASES rise la l UN DERLYIP	ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last,	death.) (B) DUE TO A any, giving stating the (C) CONTRIBUTING	Hypertension yocarliel Hyp I to arteriose	and erlophy terrosis	10 years
DISEASES rise la l UN DERLYIP	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last. II NIFICANT CONDITIONS OF DEATH BUT NOT RELAR CONDITION CAUSING I	death.) (B) DUE TO DUE TO A ONTRIBUTING STED TO THE T.	Hypertension yearlie Hyp I to arteriose	erlophy terrocz	10 years
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DISEASES iise la UN DERLYIN OTHER SIG TO THE DISEASE O 19A. DATE (OR CONTRI	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELA TR CONDITION CAUSING (DECOMPTION (A) TO OPERATION [198, CON	dealh.) (8) DUE TO M any, giving slaling lhe (C) ONTRIBUTING (C) T, DITION FOR WHICH OPERATION FORMED	Hyperlesseri Hy	erlophy Lerrory No. 208. IF YES, WEI IN CERTIFYING	AD YSANGE FINDINGS CONSIDERED
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DISEASES rise la UN DERLYIN OTHER SIG TO THE DISEASE O 19A. DATE (1) 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur a 23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION I asl. I NIFICANT CONDITIONS OF A CONDITION CAUSING I CONDITION CAUSE OF Ity medical examine? (Month) (Day) (Year) Ty that (I) (this hospital in the causes start I CONDITION CAUSE START I CONDITION CAUSE OF I CONDITION CAUSE OF I	any, giving slaling lhe (C) ONTRIBUTING	in ar obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID II hile with the bady after death thending Med. Director	Na) 208. IF YES, WEI IN CERTIFYING ((If in Baltin NJURY OCCUR? 19 37 ta that in (my) (aur) con.	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact lacation) Jan 29 19 6 pinian death accurred an the
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Burial 2/2/1965 Parkwood Cemetery
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL
FFR 1 1965 Polyub E. Falkuma 25c. FUNERAL DIRECTOR Raltimore Maryland ADDRESS Leonard J. Ruck, Inc., 5305 Harford Rd. VS 150-REV. 1/1/65

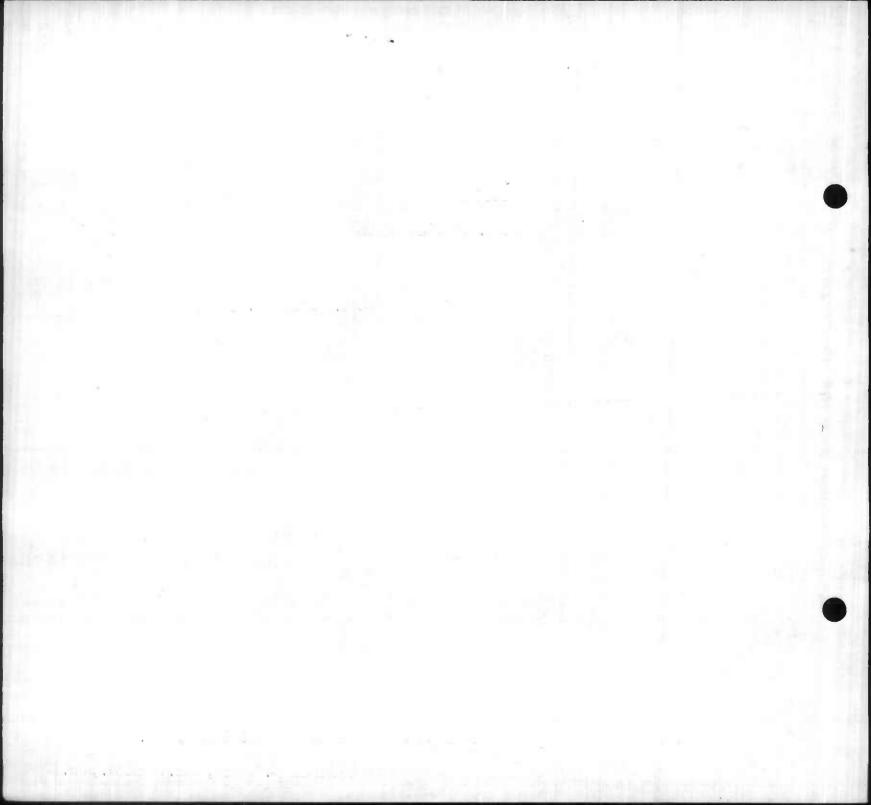


VS 150-REV. 1/1/65

	War and the second	BALTIMORE CI	TY HEALTH DEPARTMENT	
	TH NO. 65 1116	CERTIFIC	ATE OF DEATH Registered No	65 1116
1.1	IAME OF DECEASED		2. DATE AND HOUR OF DEAT	H
(Ту	pe or Print) TRENE D	. STREET T	JANUARY 29. 190	65 110 = 20 AM
3,	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. If	
			A. STATE 8. CDUNTY	n ne-
		or institution, give street	MD.	Balt
	HDSPITAL DR oddtess or locotio NSTITUTION	(n)		e RURAL ond give township)
0			BALTIMORE	53 00
	GOULD CONVALESCENT	HOME	D. STREET ADDRESS (If rurol, give location)	
	GOOLD CONVALESCENT	TIOPIE	8302 LOCH RAVEN BLVD.	
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	FEMALE WHITE	WIDOWED		TVIOLINIS DOYS
IOA	. USUAL OCCUPATION (Give kind of wor	112201122	Sept. 2, 1893 71 RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
	e during most of working life, even if retired)			WHAT COUNTRY?
	At Home		BALTO.,MD.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	HENDY MANAGE		ELLANDEMA DECA	
15	HENRY MEYERS Was Deceased Ever in U. S. Anned For	rcos? 16. SOCIAL	ELIZABETH BECK	ADDRESS DATTO
(Ye	s, no or unknown) (If yes, give wor or dote	es of service) SECURITY NO.		BALIU.
			MRS. FRED POLLHAMMER, HE	ATHERHILL RD., MD.
	1B. FA 3 . A 1	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	- 1 11 11	ONSET AND DEATH
	LEADING TO DEATH		Comoscienatic Heart Vi	Mary 4 mas
	(This does not mean the made at		Court Color No	A Commission of the Commission
	heart failure, asthenio, etc. It means injury at complication which caused		0 1 11 - 0	
		- (017)	Bral Hemorrhage	4 mas
	ANTECEDENT CAUSES	DUE TO		4
	DISEASES OR CONDITIONS, if		Batter Barrel	to 2000
	rise to the above couse (A)	stating the (C)	astrua, Brouche	No or yell
			marusensa	C
z	OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING	0 0	
ATIOI	TO THE DEATH BUT NOT RELA	ATED TO THE		
CA	19A. DATE OF OPERATION 19B. CON		120A AUTORCY2 IV or at Nati 200 IF yes	E ENDINGS CONSIDERS
ERTIFIC	WAS PER	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? I'ves or No) 20 B. IF YES, WER	E FINDINGS CONSIDERED
ERI	0			
O	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	ore City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)		
ŏ	21 D. TIME [Month) [Doy) [Year)	[Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY	While At Not W		
	(APPRDX.)	Work At Wo	ork 🗀	0 - 11
	22. I certify that (I) (this hospita	I) attended the deceased from	11 - 18 - 19.57 10	1-29-1965
	that (1) (we) last saw the decease	ed alive an 1-9A	19 6 75 and that in(my) (aur) a	ninion death accurred on the date
		V VV		pon down decorred on the dore
	and haur and from the causes sta	area abave. (I) (did) (did)) view the bady after death.	
	23A. SIGNATURE	16/1/,		23B, DATE SIGNED
	1 Mhadi	M.D. A	Attending Med. Stoff Phys.	1131-62
	23C. PHYSICIAN'S		23D. ADDRESS	1. 1000
	NAME ITYPE	01	a siar on Mana	At B TI In 1
	11.71.	SIVEL M.	3/100 11. 11/12/00.	JU Dave. 18. 11
24/	REMOVAL (Specify)	24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATION	(City, town, or county) (State)
		DRITTO PIDOP OM	DAT TIMODE NO.	
25/	BURIAL 2/1/65 DATE REC'D BY HEALTH DEPT.	DRUID RIDGE CEME	ETERY BALTIMORE, MD	ADDRESS
		DO BE & STANBOUMA	1 1 1 1 1	
	FEB 1 1965 (The Carry	LEONARD J. RUCK INC.	BALTO., MD. 21214



	No. 65 1117		TE OF DEATH	egistered No. 65	117
1. NAN	ASE NO. NE OF DECEASED		2. DATE AND H	.,,	10 -
	WILLIAM C. FOEHLE	Y	Jan-2	9,1965, 16	P.
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND		A. STATE CDUNKY	eosed lived. If institution; residen	ce befare odmi
	L NAME OF (If not in hospital or institution address or location)	n, give street	Brangland	20-	07
	TITUTION	51 . 70	c. CITY OR TOWN (If outside	city limits, write RURAL and give	township)
XH	aryland General i	Hospital	D. STREET ADDRESS (Ilf rurol,	give location)	
/	0		3704 fosler	, avenue	
5. SEX	M W Ma	ED) NEVER MARRIED WED, DIVORCED (specify) WED	1/27/86 1051,1	SE (In years If Under 1 Yr. Months Days	If Under 2 Hours
	SUAL OCCUPATION (Give kind of work 10B, KIND pring most of working, type, even A-retired)		111 00 0	iunwy) 12. CITIZEN C	
1	ritires Caplain Bal	to. Police De	1 '	a	SA.
13. FA	Wablean J. Feeh	David	14. MOTHER'S MAIDEN NAME		
16		1	Mamie:		
	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war ar dates of service	e) 6. SOCIAL SECURITY NO.	17. INFORMANT		RESS
1.			Mrs. Hilda B.		ame
18.	060 X	CAUSE O	OF DEATH		T AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10 12	enniatary + ca	rdeac la levi	
	his does nat mean the made af dying, e. eatl failuie, asthenia, etc. II means the diseas		6 D	: D. Olios	************
	july as camplication which caused death.)		WA, When	missignere	
	ANTECEDENT CAUSES	DUE TD	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 W	0 a a a a a a a a a a a a a a a a a a a
	ISEASES OR CONDITIONS, if any, giving the latter of the property of the latter of the		eable Mellitu	2	
	NDERLYING CONDITION last.			## ** * * * * * * * * * * * * * * * * *	•••••••••
Z	II THER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
2 1	THE DEATH BUT NOT RELATED TO				
		R WHICH OPERATION		IF YES, WERE FINDINGS CON	-
			20 A. AUTOPSY? (Yes or No.) 20	CERTIFYING CAUSES OF DEAT	SIDERED
ERTIFIC			NO IN	CERTIFYING CAUSES OF DEAT	H?
U 21		21B. PLACE OF INJURY (e.g., i	NO IN	(If in Boltimore City, give exo	H?
O P DE	ATH (notify medical examiner)	etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exo	H?
WEDICAL C	ATH (notify medical examiner) D. TIME (Month) (Day) (Year) (Hour) 2 INJURY	etc.) 21E. INJURY OCCURRED While At Not Whi	in or about 21°C. WHERE DID whice bidg., INJURY OCCUR?	(If in Boltimore City, give exo	H?
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IMPORTANT FUNERAL DIRECTOR:

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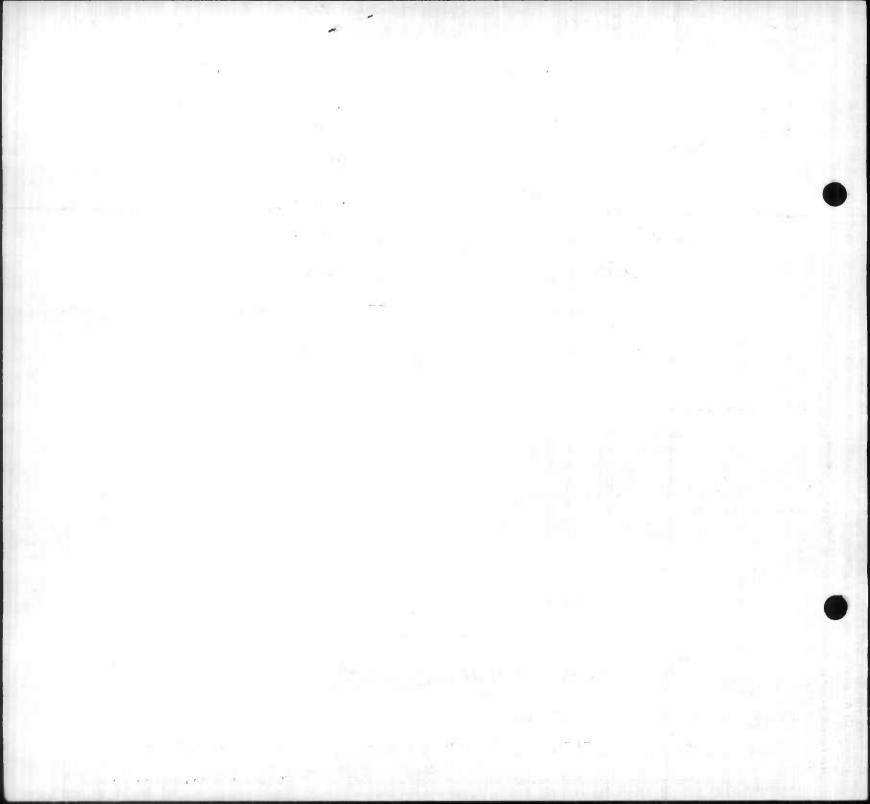
(4) Undetermined cause; (5) Deceased contributing cause attend prior occurred made. regular deceased disposition = Was the assistant death No kind; final attendance any pronounced 0 or his med Also, of fracture embal the chief medical examiner regular who gre 4 3 = physician remains Was medical burns; physician the (2) Body the 0 before the body was released to the hospital by ere °Z any nature; Wh obtained 9 (except approved and eath) An accident of hospital must certificate must 0 0 ritten approval O prior at was D.O.A. eceased shows: T 3

CERTIFI

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JANUARY 29, 1965 MARY GOLDSMITH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B, COUNTY FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If jurol, give location) 3014 GRINDON AVENUE 3014 GRINDON AVENUE 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 24 His. Hours WIDQWED, DIVORCED (specify) lost birthdoy) Months Doys FEMALE WHITE wi.dowe a 18 11. BIRTHPLACE (State of foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Penna. Housewite 14. MOTHER'S MAIDEN NAME Jacob Grimley
15. Wos Deceased Ever in U. S. Armed Forces Susan 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO. same INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined ote 1 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) At Work Wark 8 and that in (my) (evr) apinion death accurred an the date Med. M.D. Attending Stoff Phys. Director Phys. 23 D. ADDRESS NAME (Type

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death. 23C. PHYSICIAN'S M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) Woodlawn emetery 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS RUCK, INC. BALTO MD. 21214 VS 150-REV. 1/1/65



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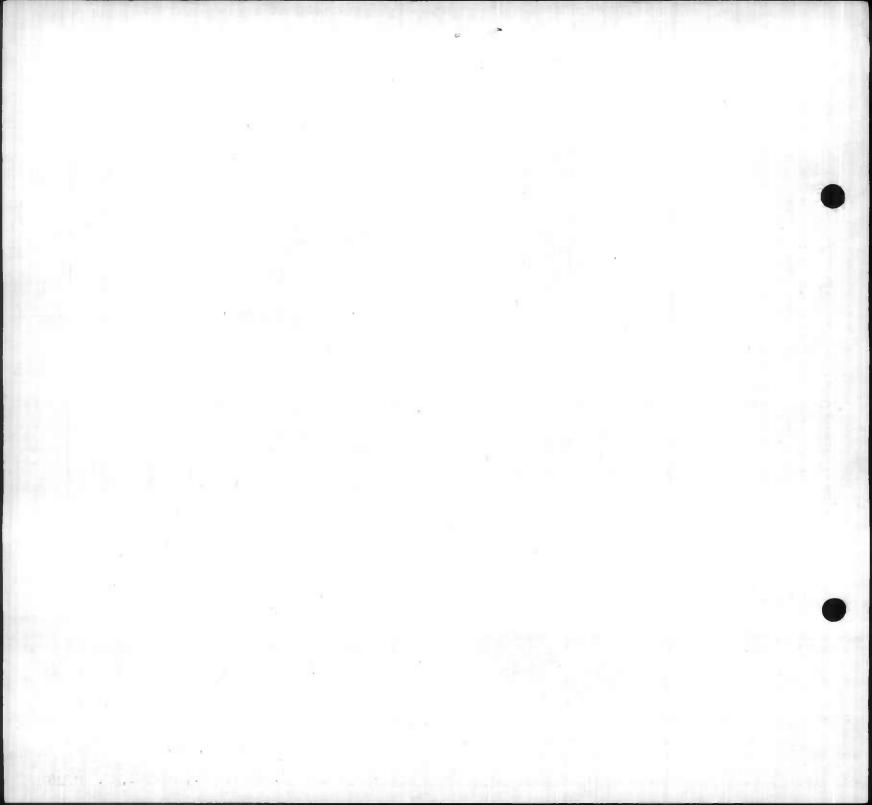
COUSE

	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE 4440
BIRTH NO. 65 1119 M.E. CASE NO.	" CERTIFICA	TE OF DEATH Registere	
1. NAME OF DECEASED (Type or Print) Mary	Katherine Hill	2. DATE AND HOUR OF I	130.65
3. PLACE OF DEATH IN BALTIMORE MA	RYLAND	4. USUAL RESIDENCE (Where deceo ded liv.	ed. If institution: residence before admissio
HOSPITAL OR address or location	or institution, give street	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
INSTITUTION // Conital for	e the Women	Baltomore	
of o	ethe Women	D. STREET ADDRESS (If rural, give local)	y Ave.
5. SEX FE 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Helle Makkeek	B. DATE OF BIRTH 9. AGE (In year lost birthdoy) 8	3 If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	u of
LouisHiLL		Emma BORG	ealt (BORDEALT)
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or dot	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	- Section of the sect	MR. ELLSWORTH HILL,	SAME
DISEASES OR CONDITIONS, iI rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	Stating the (C)		
19A. DATE OF OPERATION 198. COM		20A. AUJOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Work Work At Work		- Landonia
22. I certify that (I) (this hospita	l) ottended the deceased from	Jan 26 1965 10	fon 30 1965
that (I) (we) last saw the deceas	ed alive an fam 30	19 6 5 and that in (my) (a	ur) opinion death occurred on the d
and haur and from the causes sta	ited abave. (I) (We) (did) (did-not)	view the bady after deoth.	
23A. SIGNATURE	Fire, M.D. M.D. At	tending Med. Stoff ys. Director Phys.	23B. DATE SIGNED Apr. 30. 1865
23 C. PHYSICIAM'S NAME (Type) I - SHZ	EN. LIV, M.D M.D	23D. ADDRESS Womens Hospit	tal. Baltimore
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CE		(City, town, or county) (State)
BURIAL 2/2/196 25A. DATE REC'D BY HEALTH DEPT.	5 WOODLAWN CEMETER	PALTIMORE 25C. FUNERAL DIRECTOR	MD. ADDRESS

1965 OruH.Q VS 150-REV. 1/1/65

BALTIMORE 25C. FUNERAL DIRECTOR LEONARD

RUCK INC. BALTO.



Such

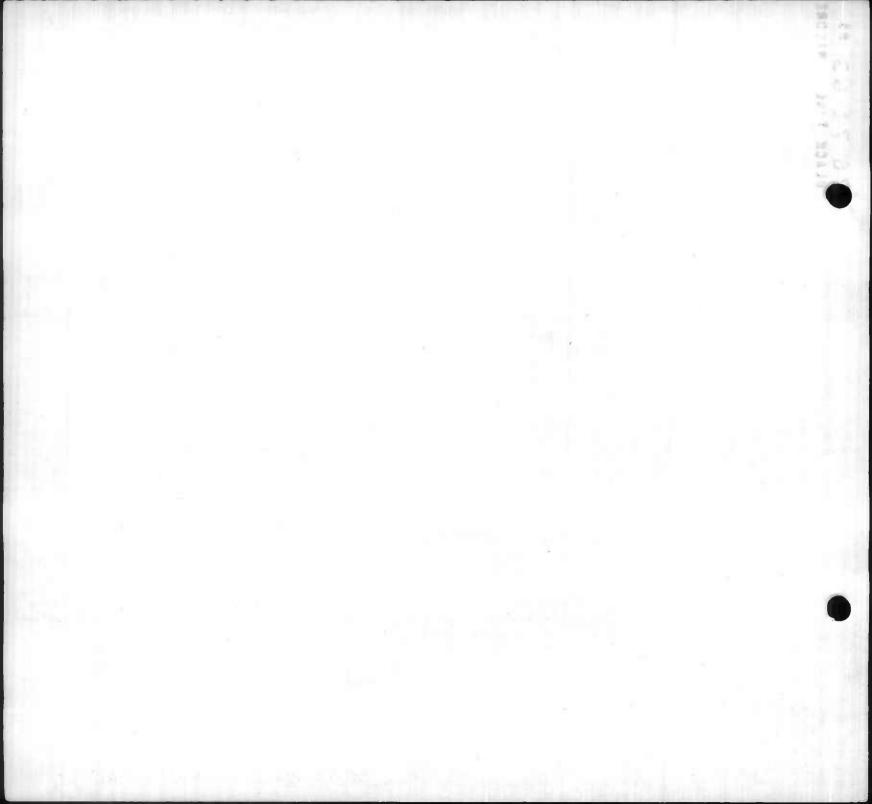
death.

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IMPORTANT FUNERAL DIRECTOR:

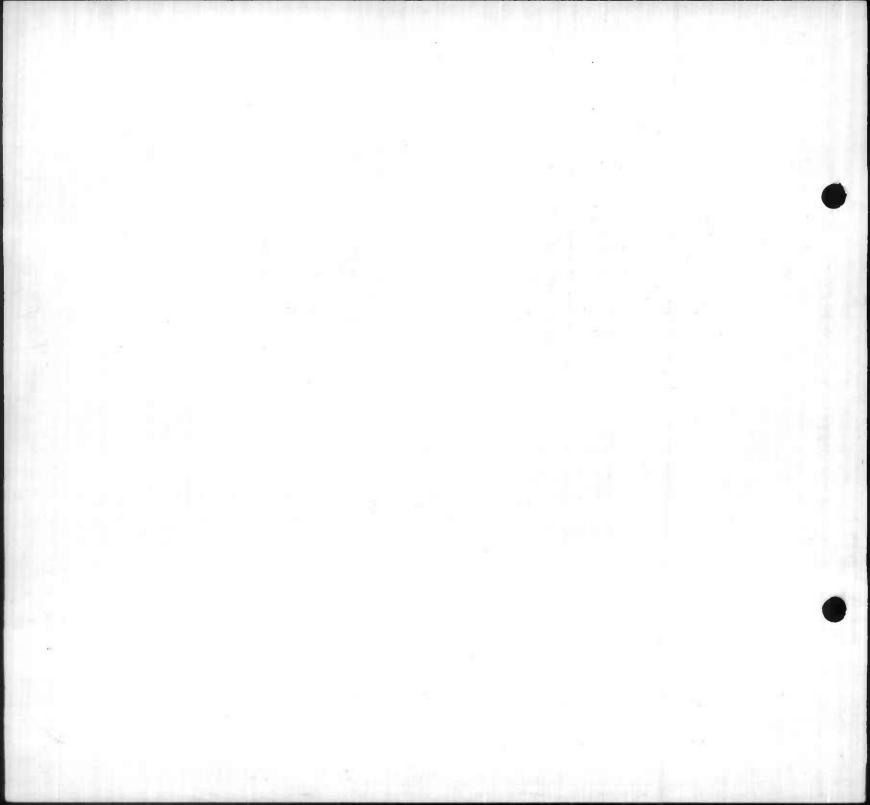
attendance cause; (5) COUSE 0 confributing prior etermined regular is mad eceased death disposition = Und OF 0 Was the direct (4) death 0 kind; or final attendance any pronounced Also, of embalmed fracture the chief medical examiner examiner. regular who are 4 <u>e</u> 2 physician before the remains medical Was burns; physician Body 0 by 3 where to the hospital °Z nature; by obtained 9 approved (except and any . pe eath) An accident of hospital Pe the body was released must certificate must Ö 0 approval O prior at d eceased o decease shows: Ġ SID 3

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 29 6 ACKSTONE 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY MARYLAND A.A. COUNTY (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) ROUTE2 BOX 219 9. AGE (In years last birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Manths: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) Haurs EMALE NEGRO 16A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARENCE DAISY JONES 15. Wos Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, la the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Haur) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Wark At Work 22. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive an... 19 65 and that in(my) (aur) aplnian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med Stoff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D AS 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 25B. NAME OF REGISTRAR ADDRESS DIRECTOR V\$ 150-REV. 1/1/65

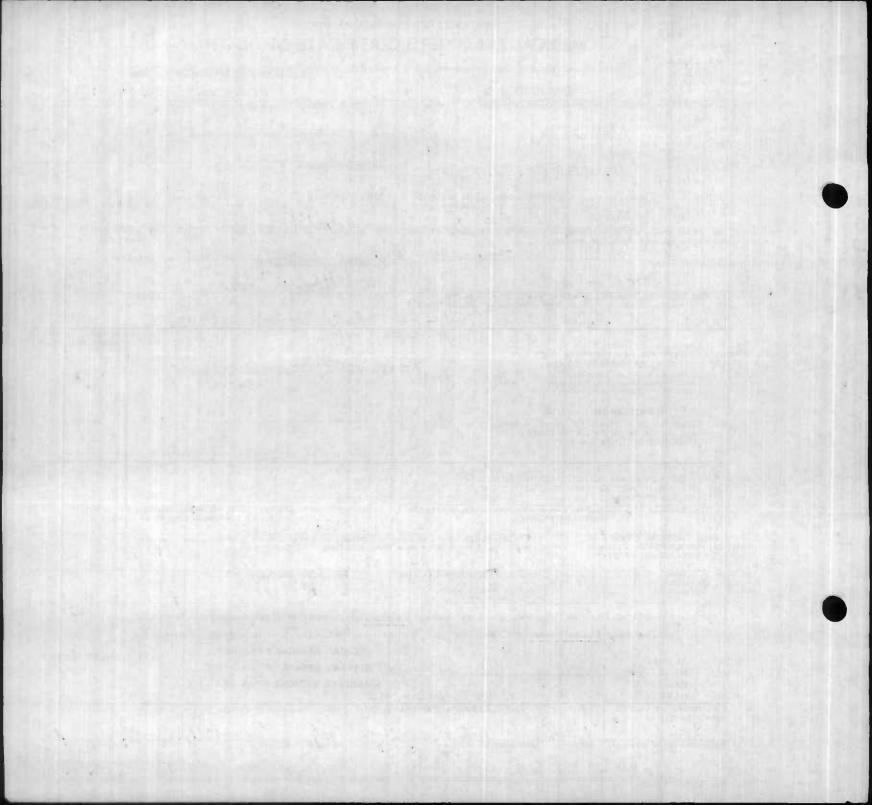


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CIT	Y HEALTH DEPARTMENT		65	4494
	65 1121		CERTIFICA	ATE OF DEATH	Registered No	00	1121
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	EASED GORDO	N- MA	+ 5616	2. DATE AN	D HOUR OF DEATH	.30 P	7.
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titutian: resi	idence before odmission
FULL NAME O	F (If not in hospital	or institution give	shool	191		15	.48
HOSPITAL OR	oddress or locotion		street	C. CITY OR TOWN (If outs	side city limits, write R	URAL ond	give lawnship)
	0 /	1 2		BALTIMORE	2		
h .	SINAI-/	+05019	P!	D. STREET ADDRESS (If	ural, give location)	1	h
				SCOTATS-N	URSING-	one	2305 Roscyn
5. SEX	6. RACE	7. MARRIED, NE	VER MARRIED IVORCED (specify)		9. AGE (In years lost birthdoy)	If Under	Yr. If Under 24 Hrs Poys Hours Min.
1	C	7	TOROLD (specify)	3-18-1891	73		
	UPATION (Give kind of work	108. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZE	N OF COUNTRY?
Topografing most of	working life, even if retired)			Va.		121	SA
3. FATHER'S NAM	ME.			14. MOTHER'S MAIDEN NAM	AE C		0//
111m/	142			many	2/		
W /7	Ever in U. S. Armed For	?	SOCIAL	17. INFORMANT	Haim		ADDRESS
Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	- INFORMANT	6	7	(DOKESS
110				James Sar	age. Se	ver	~. md
18.	OVI		CAUSE	OF DEATH	1/2		ITERVAL BETWEEN
DISEAS	SE OR CONDITION DI	RECTLY	1) Ro.	111 h = 1 = 11 = 11	40.11.	. "	NSET AND DEATH
(**)	LEADING TO DEATH		AJORO	NCHONENHONIA 3) DIABETHIC	- JCVA		
	nat mean the made of osthenia, etc. It means		DUE TO	3) DIABELLIC-	126100212		
injury or con	aplication which caused	death.)	- 3	Do to ASCV	(Z)		
	ANTECEDENT CAUSES		DUE TO	L			
	OR CONDITIONS, IF		7 /3	D'ARGRES - MU	=1110115		
	e abave cause (A) G CONDITION last.	siding the	(C) 333	7771 6776			restricted de des des therethe a des trova a to a to trovades to dit
			7				
OTHER SIGNI	FICANT CONDITIONS C		7	AREMES - M	-11 ID.11		
DISEASE OR	EATH BUT NOT RELA		DI				
OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAU	INDINGS C	ONSIDERED
E 21A ACCIDE	MY WAS UNDERLYING	210 04	CE OF INITION/	in a language will see that	Of the British	Cin	
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner	home, i	orm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give	exoct locohon)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY		While	At Not Wi	nile		1 /	,
22 1	.1 . (1) (.1)	Work	At Wor	1/25/11		20/2	3 10
	that (I) (this hospital		deceosed from	1/2//651			
that (I) (we)	lost sow the decease	d olive on	120/63	19ond the	of In(my) (our) opin	ion deoth	occurred on the do
		ed obove. (1) (V	(e) (did) (dld not)	view the body ofter death.			
23A. SIGNATU		arg	M.D. A	ttending Med. Director	Stoff Q a - an	23B. DATE	SIGNEDY
23C. PHYSICIA NAME (T	N'S		M.D	23D. ADDRESS	11	iPAZ	
	MATION, 248. DATE	24C. NAMI	of CEMETERY of C	REMATORY 24D. LC	CATION (Cit	y, town, or	county) (State)
REMOVAL		1- 17	1. + 2	n. Ale 1	1 +		mo
25A, DATE REC'D	BY HEALTH DEPT.	258, NAME OF R	Calles /	125C. FUNERAL DIRECTOR	routes		ADDRESS
L. DATE REC'D	FR 1 1005	DO B	£2 12 11 11 11 11 11 11 11 11 11 11 11 11	20. FUNGERAL DIRECTOR	181.	1	Of no
1	FD T (20) (المالالال	1 CONSCIENT	munell.	O. Wan.	- Da	No. md.
/S 150-REV. 1/1/	65						

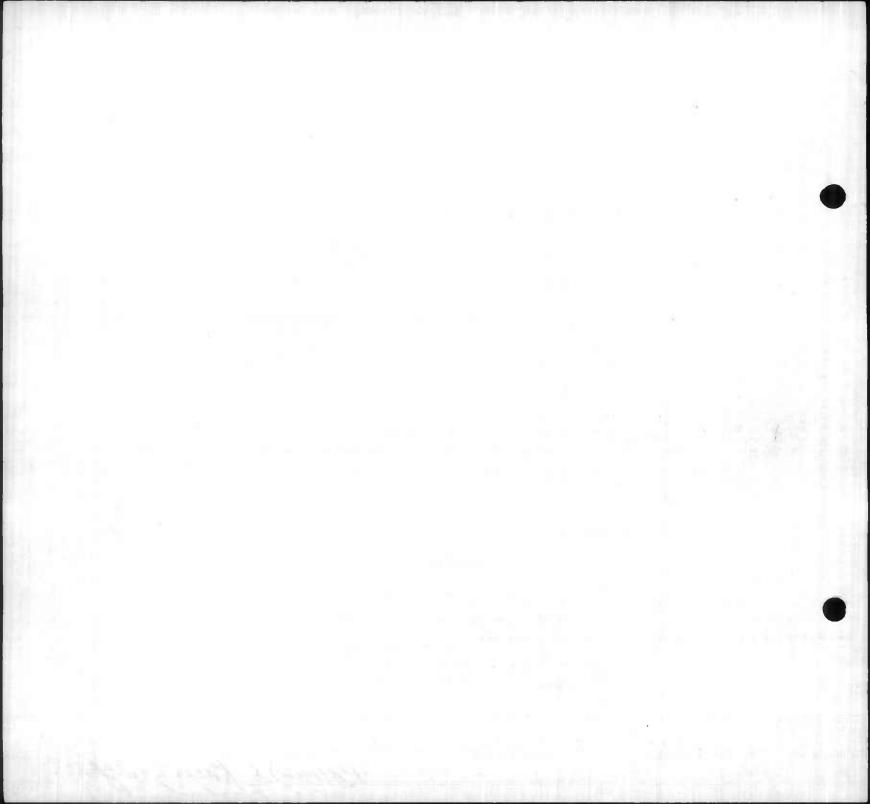


	65	1122	BALTIMORE CITY HEAD				65	1100
BIRTH		MEDI	ICAL EXAMINER'S C	ERTIFICAT	TE OF DEAT	TH Register	ed No.	1166
M.E.	CASE NO.				×			
1. NA	AME OF DECEA	SED			2. DATE AND HOU	R PRONOUNCE	D DEAD	
Пуре	or erini)	LEON	GOODNOW		Janua	ry 25, 1	965	9:04 A. M.
3. PL/	ACE IN BALTIM	ORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where decease	d lived. If instit	ution: residence	e before admission
HOSP	NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		Maryland VN (If outside corpore		134	cero
INSTIT	TUTION				Baltimore		148	-00
1		ST. AGNES	HOSPITAI.	D. STREET ADDE	RESS (If rural, give las	cation)	0.00	
		DI. AUNED	HOOT LIMB		Box 5845 0	1d Court	Road	
5. SEX	6.	RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	H 9. A	GE (In years	If Under 1 Y	r. If Under 24 Hrs.
М	lale	White	WIDOWED, DIVORCED (specify)	0	10 10	birth dayl	Months Doy	Hours Min.
			108, KIND OF BUSINESS OR INDUSTR	June 8.	State or foreign countr		12. CITIZEN C) F
done d	during most of worl	king life, even if retired)	C 11 M 7	A)	7		WHAT CO	
	LCRLAYER THER'S NAME	2	Jonavid. Masonry In	14. MOTHER'S M	Jersey		USA	
13. FA	THEKS NAME			C1-	1 .1 6 1			
	ren	cy Goodnow			abeth Goodne	ow		
		ever in U.S. ARMED yes, give wor ar date		17. INFORMANT			ADDRESS	
9	les	W.W.II	216-12-6848	Family	Records			
18		1		E OF DEATH	77007000			ERVAL BETWEEN
	4	1					ON	SET AND DEATH
	DISEASE	OR CONDITION DIE	1 Azto	riosclero	tic cardiov	ascular	C. 10	
	(This does not	meon the mode of sthenia, etc. It means icotion which coused	dying, e.g., DUE TO	LIUSCICIO		ease		
	injury or compl	icotion which coused	death.)		a La	Labe		
	AN	TECENDENT CAUSE	S					
	DISEASES OR	CONDITIONS, IF A	NY, GIVING (B)					
		ABOVE CAUSE (A) ST CONDITION LAST.	TATING THE					
Z			(C)					
은		II						
3		EATH BUT NOT REL						
E		CONDITION CAUSING				***************************************		
CERTIFICATION	9A. DATE OF O	PERATION 198, CON WAS PERI	IDITION FOR WHICH OPERATION FORMED	Yes	? (Yes or Na) 20B, IF IN CER	TIFYING CAUS		
EDICAL	IA. EXTERNAL (INDERLYING O	CAUSE WAS R CONTRIB- OF DEATH.	218, PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or about 21 C. V affice bldg., INJURY	VHERE DID (If in Bal	Itimare City, giv	e exact lacatio	on)
~	ID TIME (/	Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURRED	21 F. H.C	OW DID INJURY OC	CUR?		
0 (F INJURY APPROX.)		WHILE AT TO NOT	WHILE				
2	2. certify	y that I held an I	nguiry Inspection Au	ntopsy x and	d that on this basi:	s, death in m	v opinion	
		d from: Notural car			de Undeter			
	rasuite	A	Accident Suicid					
	ACTUAL	1117	6/00		EDICAL EXAMINE		D	ATE SIGNED
	SIGNATUR	RE JUTHE	Weller M.D		EDICAL EXAMINE			06 6=
	EXAMINE				EDICAL EXAMIN	ER	1	-26-65
224	NAME (Ty		John E. Adams,		222	M (0)	1	15
	BURIAL CREMA OVAL (Specify)	ATION, 23B. DATE	23C. NAME of CEMETERY	OF CREMATORY	23D. LOCATIO	N (City,	town, or count	y) (Stote)
	Burial	1/29/0	65 Baltimore Nat	ional Cem	Caton	willo	Manulan	1 6
24A.	DATE REC'D BY							
	F	EB 1 1965	Robert E. Falen M.O	John 1	Bunna Sana	610 1	211.1	21 7
		TD 7 1200	Modern - , dans.	JOIUL	wurs sons	010-10	= YORR I	rd. Towsor



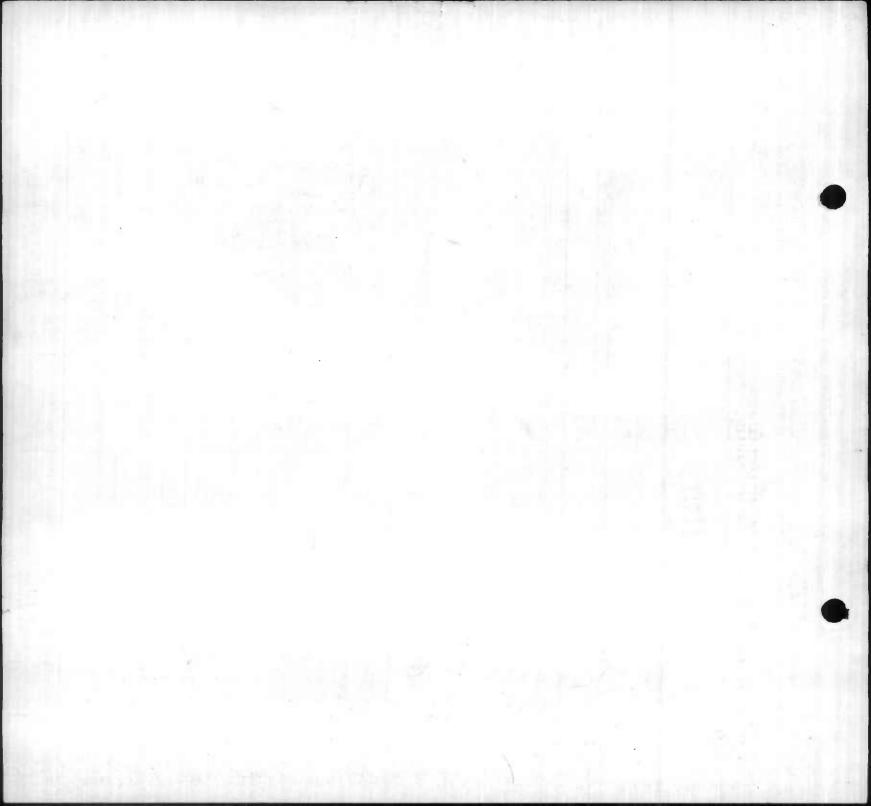
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT I by the chief medical examiner or his assistant if death occurred in a hospital spital by a medical examiner. Also, if the direct or contributing cause of diver; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Boce burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Boce burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Boce burns; (6) A fracture of any kind; (7) No physician was in regular attendance on the deceased prior to death.
FUNERAL DIRECTOR: IMPORTANT I by the chief medical examiner or his assistant if death occurred in a hos spital by a medical examiner. Also, if the direct or contributing cause rure; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) No physician who pronounced death was in regular attendancs) No physician was in regular attendance on the deceased prior to deel before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT I by the chief medical examiner or his assistant if death occurred in a spital by a medical examiner. Also, if the direct or contributing couve; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause the physician who pronounced death was in regular attendance on the deceased prior the before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT I by the chief medical examiner or his assistant if death occurred spital by a medical examiner. Also, if the direct or contributive; (2) Body burns; (3) A fracture of any kind; (4) Undetermined twhere the physician who pronounced death was in regular attendance on the deceased pred before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT I by the chief medical examiner or his assistant if death occursital by a medical examiner. Also, if the direct or contribute; (2) Body burns; (3) A fracture of any kind; (4) Undetermity where the physician who pronounced death was in regular attendance on the decease of before the remains are embalmed or final disposition is m
FUNERAL DIRECTOR: IMPORTANT Iby the chief medical examiner or his assistant if death spital by a medical examiner. Also, if the direct or oruce; (2) Body burns; (3) A fracture of any kind; (4) Under the physician who pronounced death was in vegular attendance on the deced before the remains are embalmed or final disposition.
EUNERAL DIRECTOR: IMPORTANT Iby the chief medical examiner or his assistant if espital by a medical examiner. Also, if the direct ure; (2) Body burns; (3) A fracture of any kind; (4) It where the physician who pronounced death we b) No physician was in regular attendance on the electric property.
FUNERAL DIRECTOR: IMPORTAN by the chief medical examiner or his assistar spital by a medical examiner. Also, if the druce; (2) Body burns; (3) A fracture of any kind; where the physician who pronounced deat by No physician was in regular artendance of before the remains are embalmed or final controls.
FUNERAL DIRECTOR: IMPOR I by the chief medical examiner or his assipital by a medical examiner. Also, if ure; (2) Body burns; (3) A fracture of any twhere the physician who pronounced 5) No physician was in regular attendar ed before the remains are embalmed or f
FUNERAL DIRECTOR: IM I by the chief medical examiner or h spital by a medical examiner. Also uve; (2) Body burns; (3) A fracture of t where the physician who pronoun 5) No physician was in regular atte ed before the remains are embalmec
FUNERAL DIRECTOR: 1 by the chief medical examiner 1 spital by a medical examiner. 1 vre; (2) Body burns; (3) A fract. 2 where the physician who pro 3 No physician was in regular ed before the remains are embo
FUNERAL DIRECT by the chief medical exar spital by a medical exar ure; (2) Body burns; (3) A 4; where the physician why b) No physician was in re- ed before the remains are
FUNERAL DII by the chief medical spital by a medical ure; (2) Body burns; (where the physician b) No physician was is ed before the remains
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	BALTIMORE CIT	Y HEALTH DEPARTMENT	05
ыктн но. 65 1123	CERTIFICA	ATE OF DEATH X Registered No.	. 65 1123
M.E. CASE NO. I, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
(Type or Print) ANNA Henneberry		1.31.65	1 10:30 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admissio
		A. STATE B. COUNTY	n. Of
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If outside city limits, write	a PIIPAL and give township)
INSTITUTION Little Sisters	v-Hap		e kokat one give township/
13 - 1/501 - 57	4 INCIONE	D. STREET ADDRESS (If rural, give location)	33.00
1200 Valley 57 Bultimore md	3/203	1922 Denberry DR.	
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 H
	DOWED DIVORCED (specify)	Dec. 25, 1873 92	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108.	CIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
one during most of working lile, even if retired)	all the same and the same and	IRELAND	USA
Hausewife. 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	3.0.,
John Mc GURRIN		MARY DOLAN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
70	052-01-8102	Little Sisters of the Po	or 1200 Valley St.
18. 33/V		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	у	<i>*</i> 0 0 0	ONSET AND DEATH
LEADING TO DEATH		Cevebral acci	dust
(This does not mean the made of dying			
heart failure, asthenia, etc. It means the c injury or camplication which caused death		<u></u>	
ANTECEDENT CAUSES	and the same of th	sivore.	
	DUE TO	D^	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving	Jenevalized auto	VIDS elina
UNDERLYING CONDITION last.	(0)	<i></i>	
11			
OTHER SIGNIFICANT CONDITIONS CONTE	BUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED
		IN CERSIFIEND	SUCCESS OF PERIOR
OR CONTRIBUTING CAUSE OF		in or obout 21 C. WHERE DID (II in Boltin office bldg., INJURY OCCUR?	note City, give exact location)
Z DEATH (notily medical examiner)	etc.)	omes singly more occor:	
O 21D. TIME (Month) (Doy) (Year) (Ho	ut) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Wh		
(APPROX.)	Work At Work		0
22. I certify that (I) (this hospital) atte	ended the deceased fram	1964 to	au 31 1965
that (I) (we) last saw the deceased ali		1965 and that in (my) (our)	pinian death accurred an the d
indi (i) (we) lost saw the deceased dit	ve un		ipinian death accurred an the c
ond haur ond fram the causes stated a	bave. (I) (We) (did) (did not)	view the body after death.	
23A, SIGNATURE	0		23B, DATE SIGNED
Heenleef		Med. Stall Phys.	2,1.65
23C. PHYSICIAN'S		23D. ADDRESS	
DR. STANLEY ANKUE	das M.D	- 211	Ct_1
			7.7.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION	(City, town, or county) (State
BURIA/ 2-5-65	Holy (R	085 New Yo	RA N. Y.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 1 1965 (R.C	BE Starley M.D.	Du De Fees	Pous A-1
		HAYMONI) in AREX	To the training
V\$ 150-REV. 1/1/6\$		2525 1-1221 5	1 04 24



VS 150-REV. 1/1/65

	BALTIMOR	E CITY HEALTH DEPARTMENT
	RTH NO. 65 1124 CERTIF	ICATE OF DEATH Registered No. 65 1124
1.1	NAME OF DECEASED (pe or Print) JAMES SAMPSON	29 Agnuary 1965-12 M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	Lincoln Memorial Nursing Home-	BAITIMORE D. STREET ADDRESS (If rurol, give location)
2	7 N. Carey ST	2420 Lauretta Are.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 4/20/1898 9. AGE (In yeors Months: Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND ne during most of working life, even if refired)	WHAT COUNTRY?
13.	ENERAL REPAIR MAN CONTRACTIN	14. MOTHER'S MAIDEN NAME
1	William thomas Sampson	MARY BUTIER
15. (Ye	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11/00 / Duratta Historia (VIA
_	2/8-10-47	USE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	P Rhall ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE	menon a comp
	hearl failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)	Ban' Sundham ?
	ANTECEDENT CAUSES (B)	13 Comment of White
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	Olhydration budges
ATION		
RTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF home, form, foctory, st	r (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the deceased from	
	that (I) (we) last saw the deceased alive on	and that in(my) (aur) apinion death occurred an the date
	and hour and from the causes stated above. (I) (We) (dld) (dld	
	23A. SIGNATURE	D. Attending Med. Stoff 29 JANUARY 1965
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24	A Monitory	M.D. 403 Meller 1849
ZA	A. BURIAL CREMATION, 248. ATT 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (City, town, for county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 1298. NAME OF REGISTRAR	25C. JUNERAL DIRECTOR ADDRESS
	FEB 1 1965 Robert E. tarkey!	Holland Auneral Home 163/ Daniel Helland



was in regular attendance on the

death

(except where the physician who pronounced

was D.O.A. at a hospital

M.E. CASE NO. 1, NAME OF DE	65 1:	120	CERTIFICA	ATE OF DI		Registered Na		
(Type or Print)	setta) Par	ker	1-27-65					
3. PLACE OF D	EATH IN BALTIMO		KOI	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss a STATE B. COUNTY				
FULL NAME	OF Uf not in I	nospitol or institution	on. give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
HOSPITAL OF	oddress or		, 9110 3110 4					
) 410	N. Calhou	n Street		Baltimo				
410	IN GULLION	an Gorceo		D. STREET ADDRESS (If rurol, give locotion) 410 N. Calhoun Street				
5. SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	II Under 1 Yr. , 1f Under 24	
Female	W		web. DIVORCED (specify)	April 6, 1888 To		Months Doys Hours Mi		
	CUPATION (Give kin		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?	
				Virginia				
13. FATHER'S N.	AME			14. MOTHER'S A	AAIDEN NA	ME		
Frank F	uller			Inez Epps				
5. Wos Deceas (Yes, no or unknown	ed Ever in U. S. An wn) (II yes, give wo	med Forces? r or dotes of servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
			113-20-3538	Lillian	Fuller			
18.	0.01		CAUSE C	F DEATH		,	INTERVAL BETWEEN ONSET AND DEATH	
	ASE OR CONDITI		1	1. 1	0 1	12		
(This does	nat meen the m		(A)	ereoral	E	Heart De	ge V Days	
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injuly of Co	amplication which		an	erroret	entic.	Heart De	rease Thulenas	
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	NG CONDITION		the (C)		***************************************			
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E TO THE	NIFICANT CONDIT	T RELATED TO	TING THE					
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRI	ENT WAS UNDER	OF _	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.)	in or obout 21 C. W olfice bldg., INJURY	HERE DID OCCUR?	(If in Baltim	ore City, give exact location)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) While At Work At Work								
22. 1 certi	fy that (1) (this h	ospital) attende	d the deceased fram		2-3-	19 65 to	1-27-1965	
			in 1-26-	1965	and th	eat in (my) (our)	pinian death accurred an the	
			*** *** * * * * * * * * * * * * * * * *					
23A. SIGNA		/	o. (1) (We) (did) (did nat)	TION THE DUCKY O	ner deurn.		23B, DATE SIGNED	
1 de	1. 1 1/1	/ //.		ending N	1ed.	Stolf	1-30-65	
23C. PHYSIC	IAN'S	· Hur	CC Ph)	23 D. ADDRESS	irector	Phys.	1 90.00	
NAME	(Type)	171	1 11 -	16 mm	11 2	000	py	
OAA BUDIAL C	10,014	4(20)	to HeaviTM.D.	16010	V. 16	[celberry	SI	
24A. BURIAL C			NAME of CEMETERY OF CR			/	City, town, or county) (Sto	
Burial	1/:		it Calvary Cemer			Arundel Ct		
25A. DATE REC	D BY HEALTH DEF	25B. NAM	LE OF REGISTRAR	25C. FUNERA			ADDRESS	
LED 1	1965 (1)	Lest E.	tarbeuMA	William	C. Ma	rch 928 E.	. North Ave.	

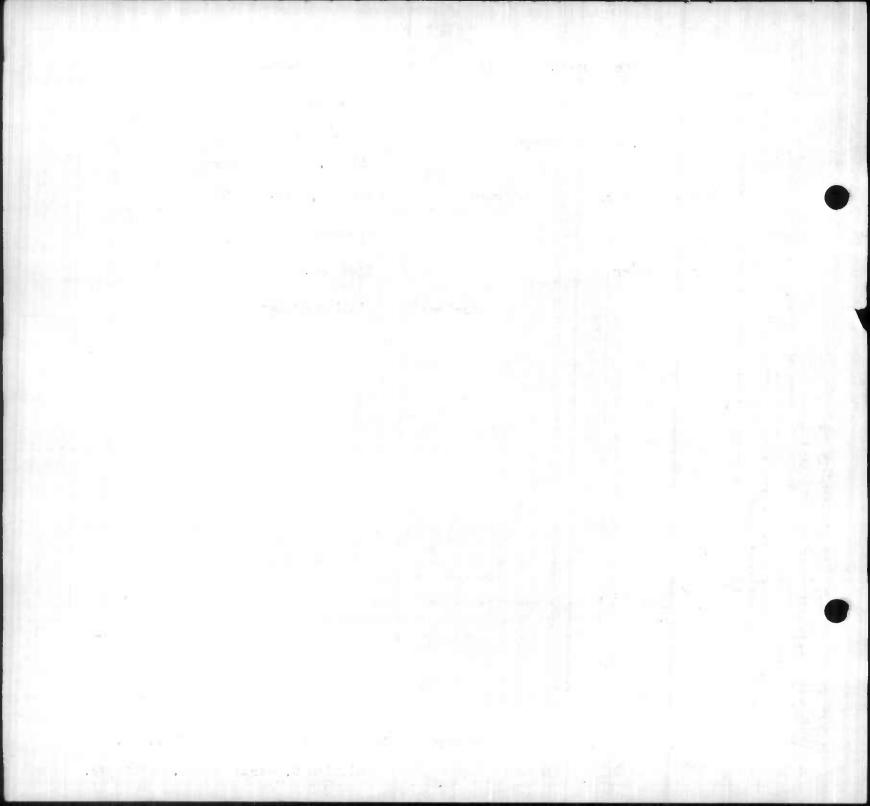
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

Ann Arundel Cty., Md.

25C. FUNERAL DIRECTOR

William C. March 928 E. North Ave.



hospital cause attend 0 prior contributing regular deceased = 0 MOS the assistant if eath UO. kind; attendance any pronounced of fracture the chief medical examiner examiner. regular who 4 <u>e</u> physician Was medical burns; physician the 0 by 2 where to the hospital °N nature; 9 approved and

the body was released

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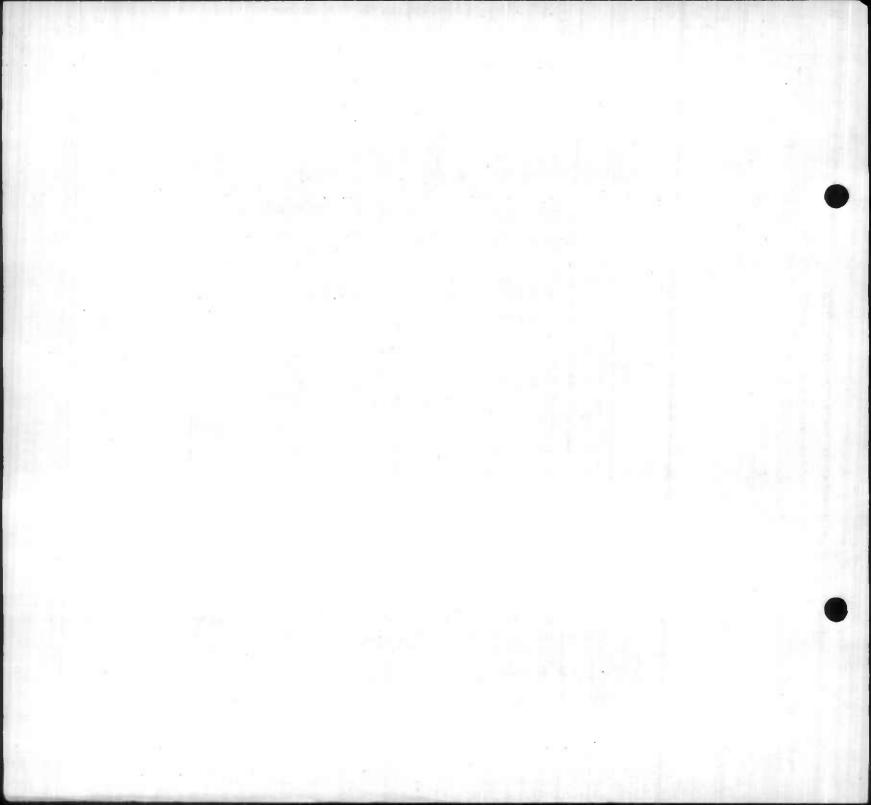
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. -BIRTH NO. CERTIFICATE OF DEATH the (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) 1965 4.00 January 29, HO COOK 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 1602 Lewelyn Ave. Lewelyn Avenue made. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE 5. SEX Hours WIDOWED, DIYORCED (specify) lost birthdoy! Feb. 4.1889 married male white 16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working lile, even if retired) Baltimore Md. USA Produce Salesman Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Washburn John A. Cook Q 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mrs. Anna Mae Cook. 1602 Lewelyn Ave. Baltimore Md. 21213 no none CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl lailure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) be obtained 21D, TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from eath); ond that In(my) (our) apinion death occurred on the date that (1) (we) lost sow the deceased alive on. of hospital and haur ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must accident 23A. SIGNATURE 23B DATE SIGNED O Med. Attending Phys. M.D. Stoff prior to Director Phys. approval 0 23C. PHYSICIANS 23D. ADDRESS 40 An D.O.A. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY deceased (Stote)

REMOVAL (Specify) Feb. 1.196 Baltimore Md. Gremation Greenmount 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR ADDRESS ANDER & SONS. INC. VS 150-REV. 1/1/65



r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased

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the body was released to the hospital by

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the chief medical examiner

death.

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Seibert, Creta Carolyn 1/30/65 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 Baltimore D. STREET ADDRESS (If rurol, give locotion)
325 S. Ellwood Avenue Montebello State Hospital prior mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yı. deceased Months Days WIDOWED, DIVORCED (specify) last birthdoy 6/9/1896 Female White 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Maryland USA Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Daniel D. Seibert Nellie B. Long No 15. Was Deceased Ever in U. S. Armed Faices S. ELLWOOD ECK 325 (Yes, no ar unknown) (If yes, give wor or dates at service) SECURITY NO. final attendance No Hospital Records 215-18-8404 AVENUE 21224 INTERVAL BETWEEN 10 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH Carcinoma of Cervix with (This does not mean the mode of dying, e.g., Metastasis GI heart failure, asthenio, etc. It meons the diseose, Unknown injury or complication which coused death.) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, loctary, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) å MEDICAL DEATH (notily medical examined) obtained (Month) (Day) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While ((APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased fram... 1/30/65 that (i) (we) last saw the deceased alive an 1/30/65and that in (my) (aur) apinlan death accurred on the date eath) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED T Attending Phys. Med. Director Med. 1/30/65 10 approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior 2201 Argonne Drive, Baltimore, Md.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)

24C. NAME of CEMETERY of CREMATORY

24D. LOCATION (City, town, or county)

5:00

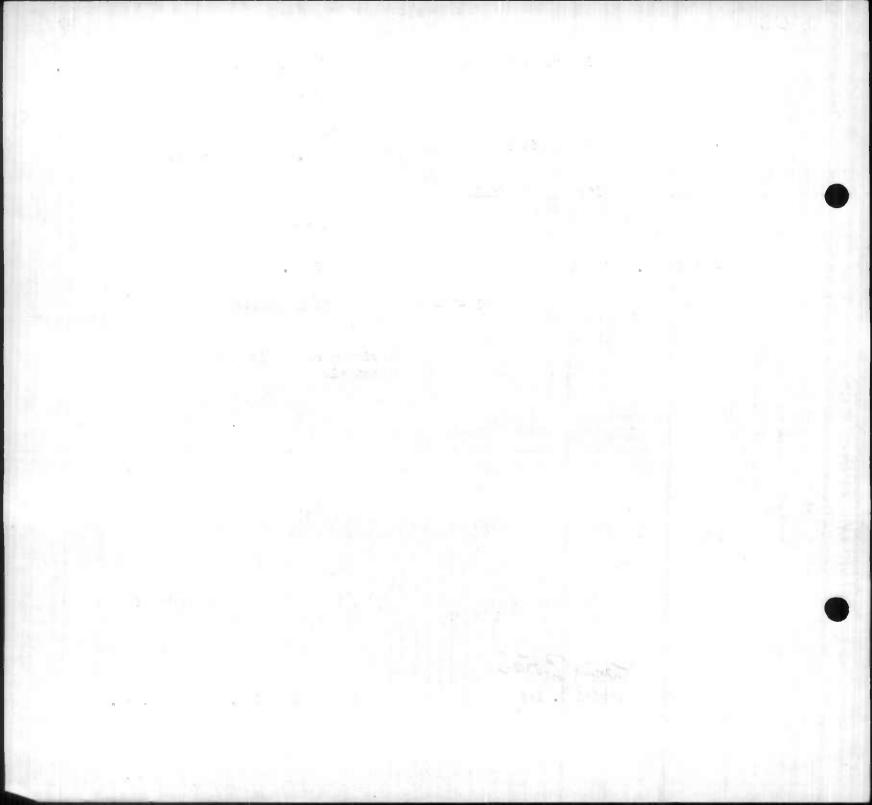
If Under 24 Hrs.

Houis

5 PARKWOOD 25B. NAME OF REGISTRAR Burial 2/25A. DATE REC'D BY HEALTH DEPT.

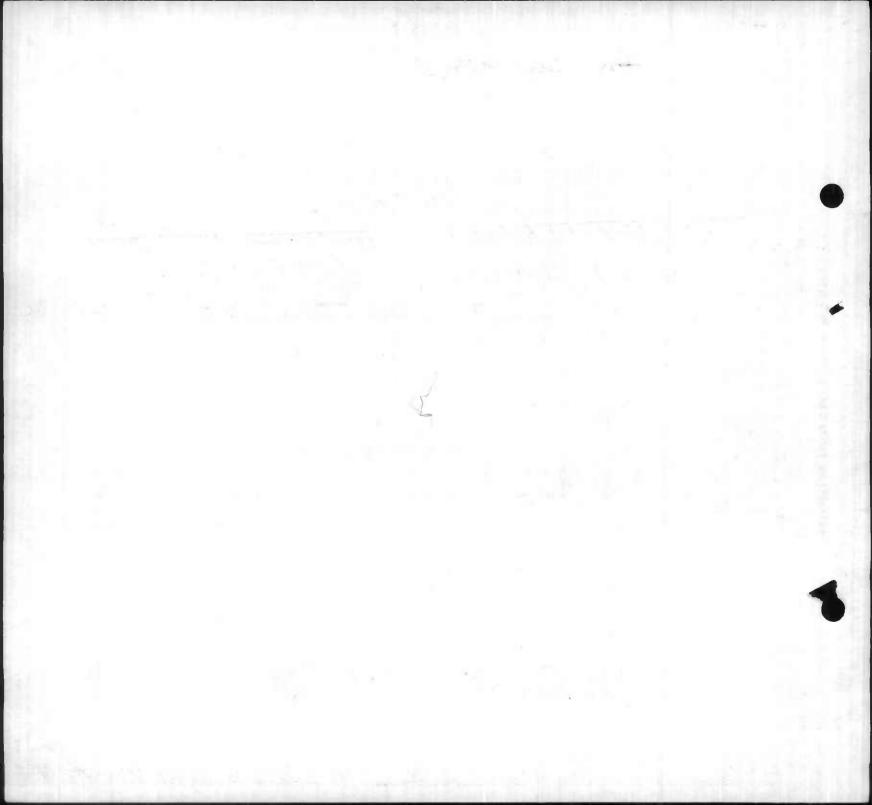
Baltimore Maryland ADDRESS 25C. FUNERAL DIRECTOR SANDER & SONS

VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. CERTIFICA	TE OF DEATH Registered No. 65 1128
TINAME OF DECEASED (Type or Print) AIRY SUMMERS	2. DATE AND HOUR OF DEATH CAN 27 45 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived, If institution; respence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospitol or institution, give street HDSPITAL DR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
Muisorand Dorosto)	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years (f Under) Yr. If Under 24 Hrs.
Wibowed, DIVORCED (specify) Seperated	august 31,1903 birthday) 61 Months Doys Hours Min.
done during most of working life, even if retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Thomas Summers	ANNIE DIGGS
15. Was Decassed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT mo John a. Tristy
220-09-990	7 Charles It. West mineter mil.
18. CAUSE Of	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	nichan pres
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injuly of camplication which caused death,)	dod lastilar bomonhans.
ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving	
ise to the obave cause (A) stating the UNDERLYING CONDITION last.	<u> </u>
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	for about 21 C. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from	19 10 2 1 15 19 ,
that (I) (we) last sow the deceased alive on	ond that it (m) (our) opinion death occurred on the date
and hour ond from the causes stated above. (I) (We) (did) (did not) v	lew the body ofter deoth.
M.D. Atte	nding Med. Stoff Phys. 127/63
NAME (Type) John William Eckholdt M.D.	Mulip down,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
BNYIA / 3/65 ST. LAMOS (25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAN	EMETERY NOW WINDSOF ROLLING
FEB 1 1965 Robert E. Falley M.A.	J. S. moven & Westminter ml
VS 150-REV. 1/1/65	I the first the think the



FUNERAL DIRECTOR: IMPORTANT the chief medical examiner or his assistant if death

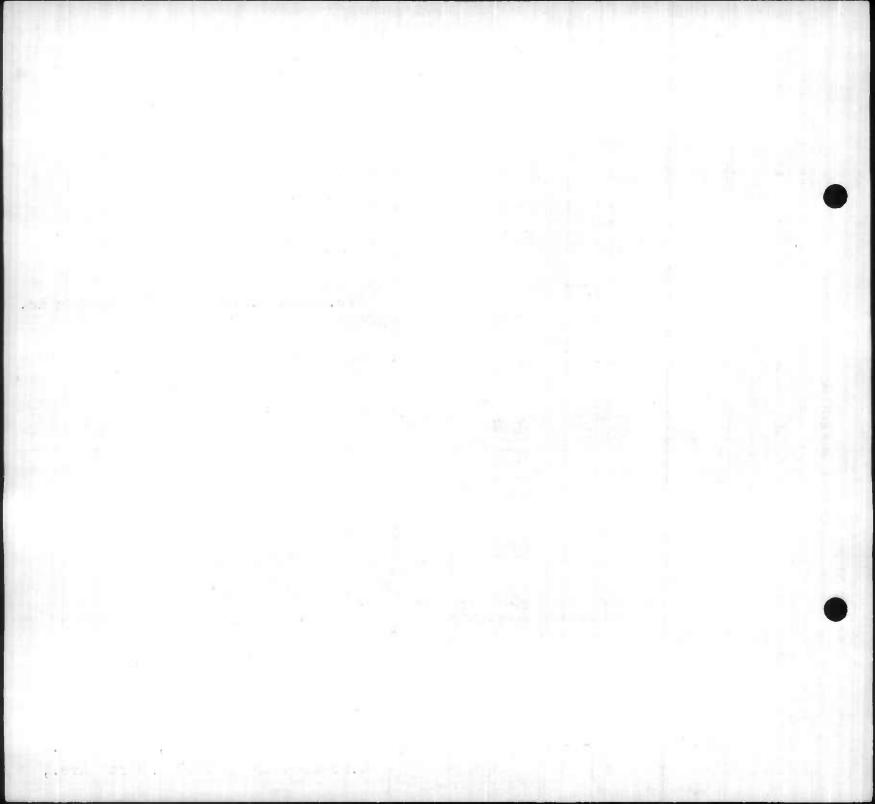
certificate

and

hospital

occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. RTIFICATE OF DEATH Deceased ce on the Such of death M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance A. STATE (5) COUSE (If not in hospital or institution, give street FULL NAME OF OX TOWN HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) etermined cause; 0 VORTH prior D. STREET ADDRESS (If rurol, give location) contributing regular Ö 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH If Under 24 Hrs. Hours : Min. If Under 1 Yr. Bac Months Doys deceased Hours WIDOWED, DIVORCED (specify) lost birthdoyl 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition E done during most of working life, even if retired) 0 (4) Und 5 13. FATHER'S NAME Mas 14. MOTHER'S MAIDEN NAME the 8 ORP aab death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mrs. James A. Barone 3611 Langrehr Rd. attendance 2-03-695 any INTERVAL BETWEEN pronounced 18. CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR GONDITION DIRECTLY Also, embalmed o LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, 0 xaminer. injury or complication which caused death.) regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 3 = physician the remains UNDERLYING CONDITION last. Was medical burns; ш ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. (2) Body 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before Ū 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exoct locotion) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) etc.) nature; MEDI obtained (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While Ar (APPROX.) At Work and Work the any 22. I certify that (1) (this haspital) ottended the deceased from... 1965 that (I) (we) last saw the deceased alive on. pe and that in (my) (our) opinion death occurred on the date eath) 0 hospital must and hour ond from the couses stated above. (i) (We) (did) (dld not) view the body ofter deoth. he body was released accident 23A. SIGNATURE 23B, DATE SIGNED ō Attending Phys. Med. Staff 0 Director Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An Charles , M.D. D.O.A. 24A. BURIAL CREMATION. 24B, DATE CEMETERY OF CREMATORY eceased 24D. LOCATION ity, town, or county) (State) REMOVAL (Specify) written shows: 2-2-1965 Loudon Park Baltimore ADDRESS SD 25A. DATE REC'D BY HEALTH DE 25C. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave., 3 Ō VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

J-52 BIRTH NO. 65 1130

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 5 1130

A.E. CASE NO.								
NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
ype or rilling	JAMES	E. JOHNS	SON		Januar	v 27. 1965		10:25 a M
PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission B. COUNTY				
ULL NAME OF OSPITAL OR	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
ISTITUTION	ADDRESS OR EO	CAHON			Baltin		17.	0/
				D. STREET ADD	RESS (If rurol,	give location)		
	687 Piero	e St.		687 Pi	erce St.			
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	гн	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
male	colored	Sing		Dec.25,		62		
one during most of	working life, even if retire		BUSINESS OR INDUSTR		Carolin		WH A	EN OF T COUNTRY?
FATHER'S NAM				14. MOTHER'S A				
	Unknown				Unknown			
	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	OILLEIOWII		ADDRESS	
es, no of unknown	n) (If yes, give wor or d	otes of sorvice	SECURITY NO.	Mary Le	e McMene	er 17 N.	Pine	Street
18. 60	1717 1		CAUS	E OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE O	ANTECENDENT CAL OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAS II SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI F OPERATION 198, C' WAS P	ANY, GIVING STATING THE T. NS CONTRIBUTING RELATED TO TO NG IT.	C)		f? (Yes or No)	208. IF YES, WERE FI	NDINGS C	ON SIDERED ATH?
21 A. EXTERNA	L CAUSE WAS	21 R	PLACE OF INJURY (e.g.,	Yes	WHERE DID	Yes (If in Boltimoro City, gi	ve avest le	scation)
UNDERLYING	ZEOR CONTRIB- JSE OF DEATH, (Month) (Doy) (Y	home etc.)	House IE. INJURY OCCURRED	olfice bldg., INJUR 68 21F. H	Y OCCUR? B7 Piero OW DID INJU	e St.		
22. I cer	tify that I held an	Inquiry 🗌				is bosis, deoth in n		
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				CHIEF M	EDICAL EX	AMINER -		
SIGNAT			M P	ASSISTANT M	EDICAL EX	AMINER _		DATE SIGNED
EXAMI		Brei tene		ASSOCIATE A				1-27-65
	MATION, 238 DATE		NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or c	county) (Stole)
	1-31	-1965	Arbutus Mem.	Park	Aı	rbutus, Mary	vland	
Burial	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR			DDRESS
1874	FEB 1 1965	Robert	E. tarbuna	Arlin	gton S.	Phillips 1	727 N.	Monroe St.

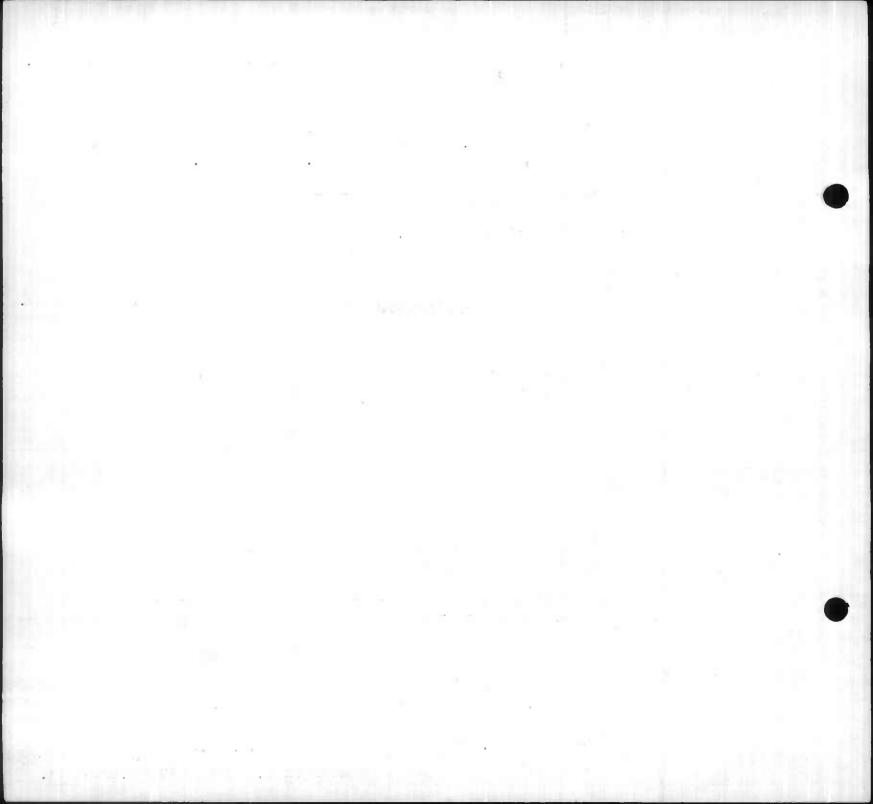
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TONERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
TONERAL DIRECTO	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing constows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular after deceased prior to death); and (6) No physician was in regular attendance on the deceased prior the deceased prior is made.

RIPT			BALTIMORE CITY	HEALTH DEPARTMENT		65 1131
	н но65	1131	CERTIFICA	TE OF DEATH	Registered No	00 1101
1. N.	AME OF DECEASED e or Print)	rroll,	√illiam	2. DATE AND 1-25	-65	8:00 a.
3. PI	LACE OF DEATH IN B	ALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where		titutian: residence befare admission)
H	OSPITAL OR ad	dress or locotion Provider	nt Hospital	Maryland c. city or town Of outs Baltimore	ide city limits, wrife RU	GO JRAL and give township)
			vision St. re, Maryland 21217	D. STREET ADDRESS (If ro	ker St.	
5. SE		gro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		AGE (In years ost bighday)	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
	during most of working life		10B. KIND OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
12 6	Laborer		Glidden Paint Co.	Maryland 14. MOTHER'S MAIDEN NAM	I.E.	USA
i de f				14. MOTHER'S MAIDEN HAM		
	Unknown			Unknown		
Yes,	Nos Deceosed Ever in L , no ar unknown) (If yes, ;	J. S. Armed Fore give war or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		N. Stricker St.
			216-01-937	("Ite) mary o	arroll 1190	N. Stricker St.
	(This does not mean heart failure, osthenia, injury or complication ANTECEL DISEASES OR CON rise to the above UNDERLYING COND	, etc. II meons which caused DENT CAUSES DITIONS, if cause (A)	dying, e.g., the disease, death.) (B) DUE TO	rebral Hemorrha		
ATION	OTHER SIGNIFICANT (TO THE DEATH E DISEASE OR CONDITI-	CONDITIONS C BUT NOT RELA ON CAUSING I	TED TO THE T. DITION FOR WHICH OPERATION	20Å. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FI	INDINGS CONSIDERED
ERTIFICATION	OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION OF OPERATION OF OPERATION OF THE OPERATION OF T	CONDITIONS C BUT NOT RELA ON CAUSING I ON 198. CON WAS PERF	TED TO THE T. DITION FOR WHICH OPERATION FORMED	NO	IN CERTIFYING CAU	SES OF DEATH?
AL CERTIFICATION	OTHER SIGNIFICANT (TO THE DEATH E DISEASE OR CONDITION	CONDITIONS CE SUT NOT RELA ON CAUSING I ON 19B. CON WAS PERF	TED TO THE T. DITION FOR WHICH OPERATION FORMED	NO	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH? City, give exact lacolian)
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MEDICAL CERTIFICATION	OTHER SIGNIFICANT OF THE DEATH EDISEASE OR CONDITION OF CONTRIBUTING DEATH (notify medical DEATH (notify medic	CONDITIONS CENT NOT RELA ON CAUSING I ON 19B. COM WAS PERF UNDERLYING CAUSE OF exomine) (this hospital w the decease ne causes state Rupula	OTTED TO THE TOTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Work At Work O attended the deceosed from 1 deceosed fr	NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU le	(If in Boltimore IRY OCCUR? 9ta1_25 t in(my) (our) apin Stoff	City, give exact lacotion) 238. DATE SIGNED 1-25-65 1, town, or county) (State)

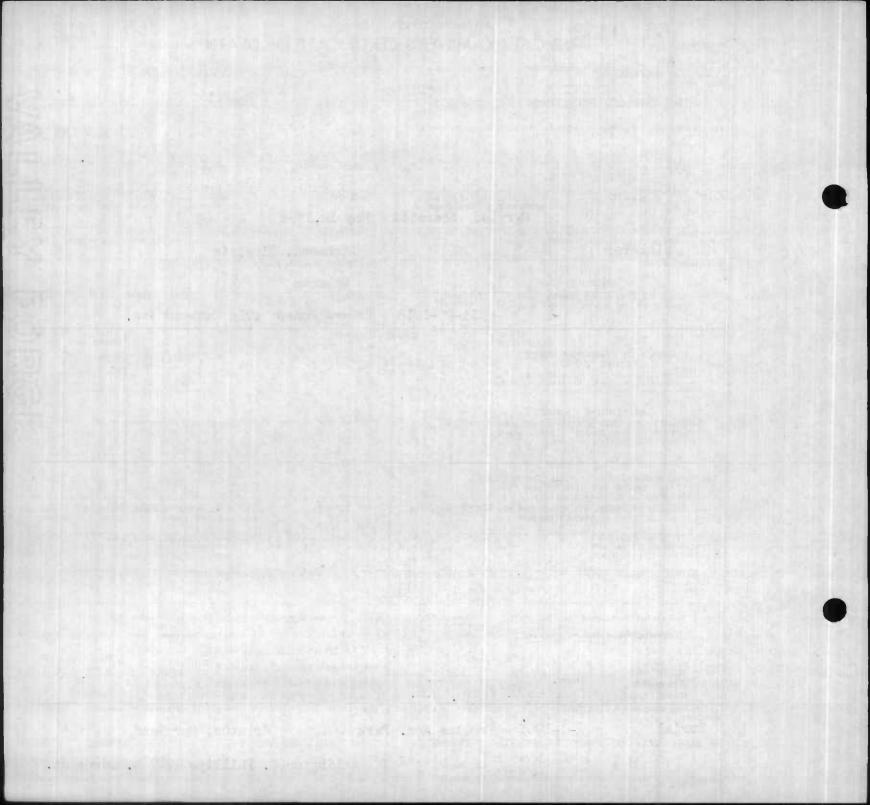
LER T 1965 Oblight E. Jaken H. A. VS 150-REV. 1/1/65

Arlington S. Phillips 1727 N. Monroe St.



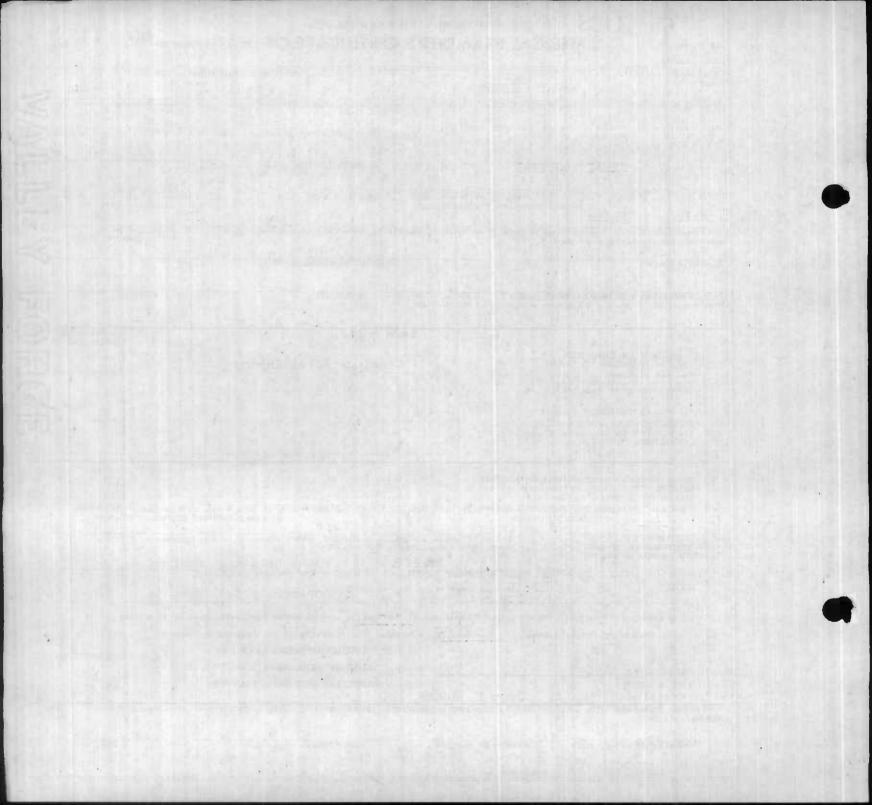
BALTIMORE	CITY	HEALTH	DEPARTMEN

BATTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. I, NAME OF DECEASED (1/1/100 PRONOUNCED DEAD JANUARY 27, 1965 3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD JANUARY 27, 1965 7:20 ADDRESS OR LOCATION) FULL NAME OF MEDICAL OF INSTITUTION, GIVE STREET MATY LAND IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MATY LAND IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S. SEK ARCE MARKIED, NEVER MARRIED WIDOWED, DIVORCED(Specify) Mary 12, 1895 May 12, 1	odmis:
AMAME OF DECEASED HEZEKIAH RANDALL January 27, 1965 7:20	odmis
ANTECENDENT CAUSES DISEASES OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying a.g., hear following most unknown), (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying a.g., hear following most possible to complete the process of the ABORDESS or CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying a.g., hear following most possible to complete the process of the ABORDESS or CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying a.g., hear following most possible to complete the process of the process of the ABORDESS or CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying a.g., hear following one one the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following one and the mode of dying a.g., hear following the following one and the mode	odmis:
AUSUAL RESIDENCE (Where deceosed lived. If institution: residence belove at STATE Maryland country and DRESS or LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Provident Hospital 7. MARRIED, NEVER MARRIED B. STREET Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town (If outside corporate limits, write RURAL and g	er 24 s M
Provident Hospital S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Searated May 12,1895 10. AUSUAL OCCUPATION (Give kind of work) 10. KIND OF BUSINESS OR INDUSTRY 1. BIRTHFLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215-09-1313 17. INFORMANT ADDRESS 18. LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH 18. LEADING TO DEATH CAUSES 18. LEADING TO DEATH CAUSES 18. LEADING TO DEATH CAUSES 19. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	er 24
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2301 Avalon Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro Married Searated Nay 12,1895 69 10A. USUAL OCCUPATION (Give kind of work) And done during most of working lite, even if refired) Laborer Richmond, Virginia 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 215-09-1313 Howard Jones 4716 Renwood Ave. CAUSE OF DEATH ONSET ANI Arteriosclerotic Cardiovascular Disease. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heard followe, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	BETWE
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Male Negro Married Searated May 12,1895 69 OA. USUAL OCCUPATION (Give kind of work folia kind of work folia working lite, even if retired) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foliaign country) 12. CITIZEN OF WHAT COUNTRY	BETWE
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RISE TO THE ABOVE CAUSE (A) STATING THE	
(C)	
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED NO NO. 20B. IF YES, WERE FINDINGS CONSIDERED NO.	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?	
7	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	
22. I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion	
resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL DATES	
	65
EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county)	
Burial 2-1-1965 Arbutus Mem. Park Arbutus, Maryland	(Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	(Slote
FEB 1 1965 Poleus E. Farley M. Arlington S. Phillips 1727 N. Monroe	(Stote)



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BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICA	E OF D	EAIH Register	ed No.
M.E. CASE NO.				
(Type of Print) HARRY FISHER			ary 31, 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	ence (Where do	eceosed lived. If institu	ution: residence before odmissio NTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOV		corporate limits, write	RURAL and give township)
SINAI HOSPITAL	D. STREET ADDI	RESS (If rurol, g		
			erstown Road	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White	JAN 13	5.1889	9. AGE (In years last birthday)	Months, Days, Hours, Min.
to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE	State or foreign		12. CITIZEN OF WHAT COUNTRY?
POSTAL EMPLOYEE, RET-	LITH.	UANIA AIDEN NAME		USA
1.5 A 4 C		4		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give war or doles of service) SECURITY NO.	17. INFORMANT	,		ADDRESS
No	HOSPITA	L REC	ORDS. B.	ALTIMORE.
	SE OF DEATH	, , , , , , , ,		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				, ONSET AND DEATH
LEADING TO DEATH	raniocerebi	cal inju	ry	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
many of compression which coosed decima				
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1-25-65 Head injury	20A. AUTOPSY Yes	? (Yes or No) 2	OB. IF YES, WERE FIND CAUSING YES	DINGS CONSIDERED ES OF DEATH?
21A EXTERNAL CAUSE WAS 21B PLACE OF INJURY (e.g.	, in or obout 21C, V	VHERE DID (IF		
UTING CAUSE OF DEATH.			terstown Ro	ad /5-12
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. H	OW DID INJUI		
	WHILE X Ap	parently	fell down	back steps
22.	oropsy x and	d that an this	basis, death In m	y apinian
resulted fram: Natural causesAccident X Suici	ide Hamlci	de U	determined manne	r 🗌
LACTURE (1 / 7 /delen -		EDICAL EXA		DATE SIGNED
SIGNATURE HOUR C / HOLLOW M.	D. ASSISTANT M	EDICAL EXA	MINER	
EXAMINER'S NAME (Type) John E. Adams, M	ASSOCIATE M	EDICAL EX	AMINER	1-31-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY		23 D. LO	CATION (City,	town, or county) (Stote)
BURIAL 1-31-65 ROSEDAL	E	BAL	HIMORE	Md V
VIS 6.2 FEB 1 1965 Rober E. Landen M. M.	24C. FUNER	AL DIRECTOR	2000	ADDRESS
A CAST DAY 1004 AMANA	1,000	1 New	1 d	100 OMICO VE

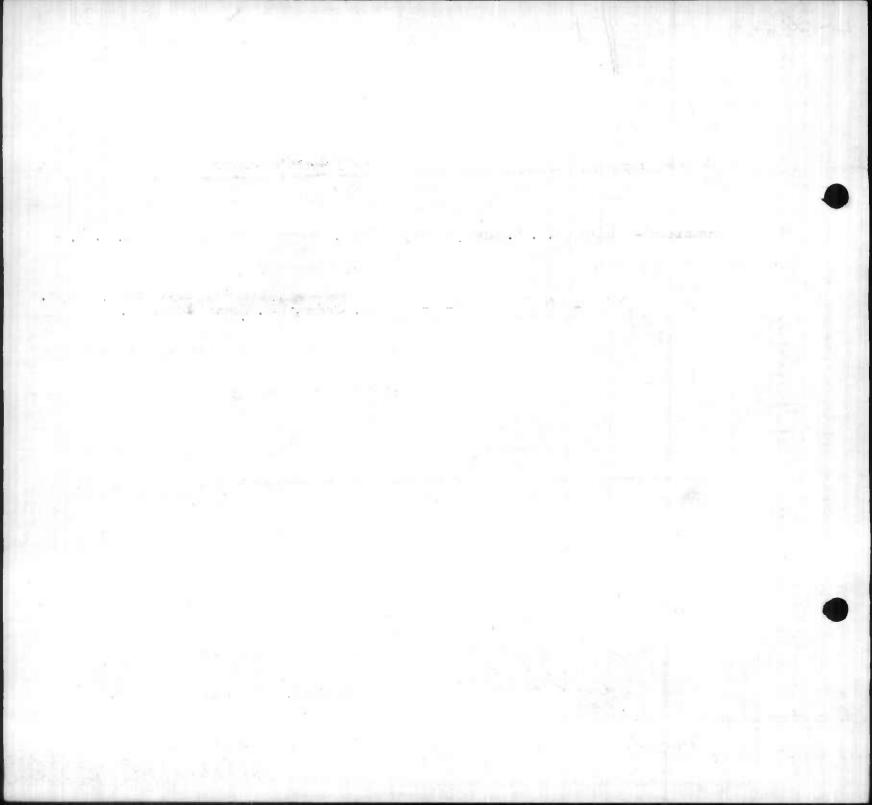


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	rhis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	2
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	7
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deceased prior to written approval

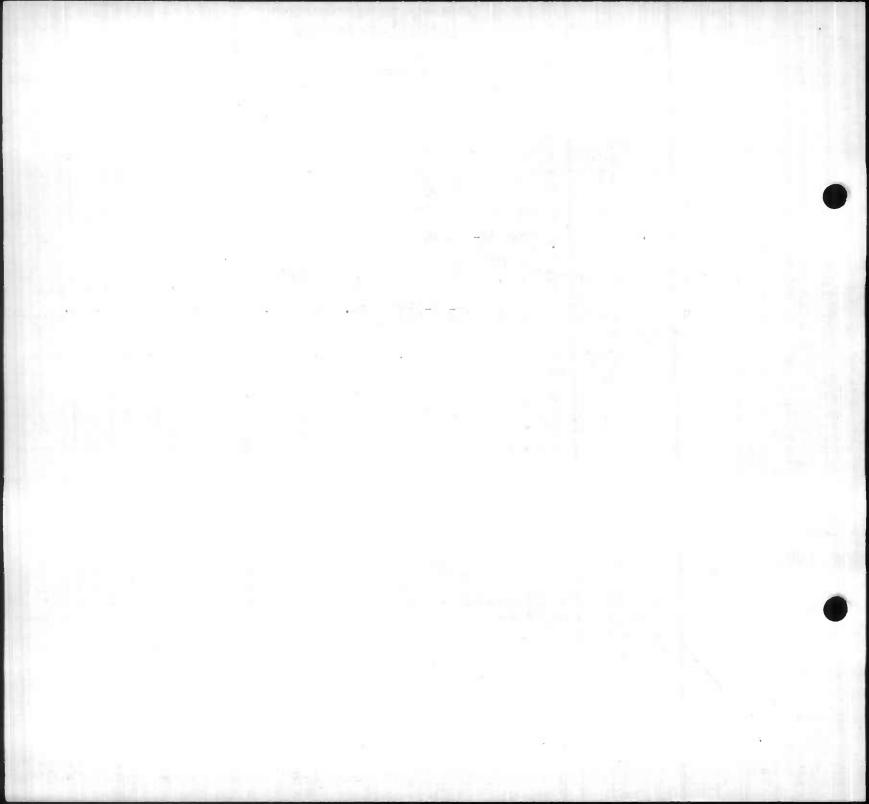
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH LOHSS, GEORGE WILLIAM 2:50 AM 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND PENNSYLVANIA FULL NAME OF HOSPITAL OR INSTITUTION YORK (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Veterans Administration Hospital YORK 3900 Loch Raven Boulevard D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 523 North Pershing 6. RACE 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years lost birthdoy) It Under 1 Yr. It Under 24 Hrs. Months! Doys Hours! Min. 5. SEX MATE TALLTON 0/20/2000

LINIT	MITTI	٨٨ ا ح	THOMEN	9/12/1900	04		
	UAL OCCUPATION (Gi		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
Inst	taller - Awn	ing Co.H. L.	Blum Company	York, Pennsylvania U. S. A.			
13. FAT	HER'S NAME			14. MOTHER'S MAIDEN NAM	E		
	Charles Lohs	SS		Mary Duckworth	1		
Yes, no		S. Armed Forces? e wor or dotes of servi L8 - 7/15/19	188-05-6068	Mr.l Lawrence H.		South Duke St.	
18.	HOISEASE OR COM	I IDITION DIRECTLY	CAUSE C	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
471	7977	TO DEATH		ute Congestive He	art Failure	2 or 3 days	
he	arl failure, asthenio, e	ne mode at dying, Ic. It meons the dise					
inju	ury ar camplication w ANTECEDE	hich coused death.)		lcific Aorta Sten	osis	Several Years	
DIS		TIONS, if any, gir	DUE TO				
rise		couse (A) sloling	-		200-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
ATION	THER SIGNIFICANT CO THE DEATH BUT SEASE OR CONDITION	NOTIONS CONTRIBUTE NOT RELATED TO	TING Chronic Bro	nchitis & Emphyse	ma	Several Years	
CERTIFIC ATION	DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	YES	20B. IF YES, WERE FIR IN CERTIFYING CAUS	NDINGS CONSIDERED	
OR	CONTRIBUTING CA	LUSE OF	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)	
210		Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
5 0	PROX)		While At Not Whi Work At Work	le 🗌			
22.	I certify that () (t)	his hospital) attend	ed the deceased fram	May 21st	64 to Janus	ry 28th 1965.	
						an death accurred an the date	
and	d haur and from the	causes stated abov	e. (1) (We) (did) (did /nby)	view the bady after death.			
23A	SIGNATURE	/	1.			23B. DATE SIGNED	
	(/	11	M.D. Att	,		1/29/65	
230	NAME (Type)	and N	VCac	VA Hospital, 390	O Loch Raver	n Blvd.,	
		RINE	M.D.	Baltimore, Mary	and 21218		
	JRIAL CREMATION, 2 MOVAL (Specify)	48. DATE 24	C. NAME of CEMETERY OF CR	4	La / D	, town, or county) (State)	
	ATE REC'D BY HEALTH	1/24/1965	Greenstrak ME OF REGISTRAK	in ancien	york, ra	/ ADDRESS	
F	EB 1 1965	Robert E.	Farley M. a	wm. 4 Dicker	er + Bono i	Battinoge, Rel. 1	
VS 150-	-REV. 1/1/65			1 3			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	05 331	-	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 1135
BIRTH NO.	65 113	<i>5</i> 5	CERTIFICA	TE OF DEATH	Registered No.	•
M.E. CASE NO.	ASED			2. DATE	AND HOUR OF DEATH	1
(Type or Print)	ARDROF	F Jo	seph Edwar	d 1/6	29/65	4'30
PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceased lived, II i	institution: residence before admis
FULL NAME O		or institution,	give street	mp.		5-3
HOSPITAL OR	oddress or locotic	on)				RURAL and give township)
		0 0	23	BALTIMO D. STREET ADDRESS	(If rurol, give location)	
Sina.	Hospital	ot Bo	itt, more	4250 P	ML.CO R	15
s. sex	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED specily)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
	PATION (Give kind of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retire	16/	Branca	r-Gutman	Maryland		USA
13. FATHER'S NAM		Draege	1 -OU MIGH	14. MOTHER'S MAIDEN	NAME	
0	1 7 7 1 1			M D 11	-	
5. Wos Deceosed	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	Mary Durkin		4250 Pimlico Road
1-14-	III yes, give war or dat	es of service)	215-18-5950	Mrs. Bertha M		Baltimore, Md. 15
No. 18.	nono			OF DEATH	. Daruroii 1	INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY	0	M		ONSET AND DEATH
	LEADING TO DEATH		(A) (C	nal insufficie	enery	109 ce
	ol mean the mode of asthenia, etc. Il means		DUE TO			
	plication which cause		Ch	my Paris	T. C.	10 year
1	ANTECEDENT CAUSES	S	DUE TO		7	
	R CONDITIONS, if		(C) C)	rome luston	reshipt , s tolal	Wy 20 years
	CONDITION lost.	sidiling into	(0)		1	
	II		DATE OF	Alsi	shere ga	neripe
	FICANT CONDITIONS (G Severe	ASCVD.	A. Se	nut 20 war
DISEASE OR	CONDITION CAUSING		WHICH OPERATION	141	Noll 20R IF YES WEDE	FINDINGS CONSIDERED
		REDRAED	WINCH OTEKATION	20	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDEN	IT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI		ore City, give exact location)
DEATH (notily	TING CAUSE OF medical examiner	hon etc.		office bidg. INJURY OCCUR	(?	
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S (APPROX.)		Wh	nile At Not Wh			
22	1 -			779	1965 to	1/) 9 106
	that (I) (this hospital last sow the deceas			19 6 5 one		
		-	7		-44	pinion death occurred on the
23A. SIGNATU		red obove.	(We) (did) (did not)	view the body ofter dea	th.	23 B. DATE SIGNED
234.31011410	2		M.D. At	tending Med.	Stoff	1-29-65
23C. PHYSICIA	Nr.	asser	- Ph	ys. Director	Phys.	
NAME (T	(pe)	50 5	M.D	C	abl of Ba	It more
24A. BURIAL CRE	MATION, 248. DATE	24C, N	AME of CEMETERY of C	V	D. LOCATION (C	City, town, or county) (Ste
REMOVAL (S	pecily)					
Burial 25A. DATE REC'D	2/1/196 BY HEALTH DEPT.		ew Cathedral	25C. FUNERAL DIREC	Baltimore, Ma	aryland ADDRESS
FFR 1		8- E. Fa		wm. L. Di	1000 18	Baltioner whith I Pa. a
· LD T	Title Uple	0 6, 40	Macai, and	M. Jun C	work allo	w risth dra. a

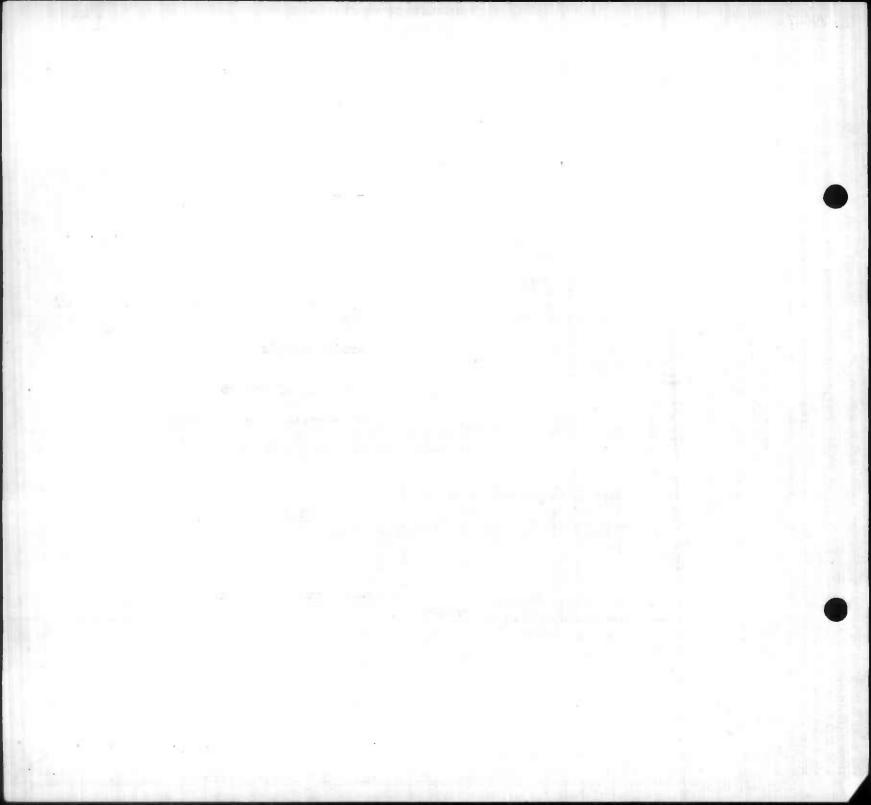


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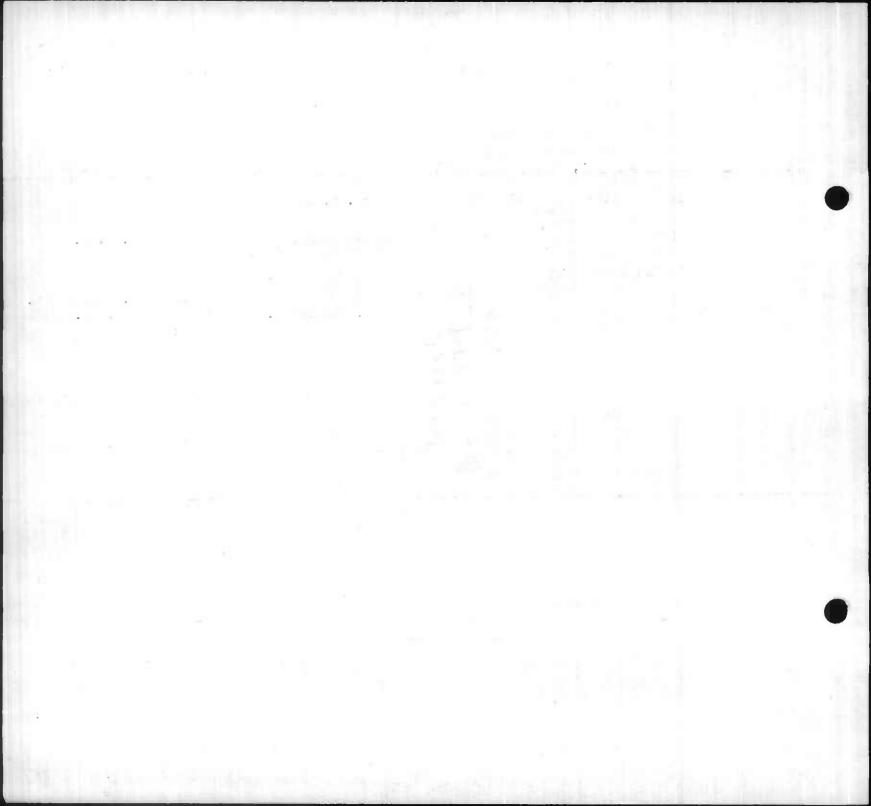
BALTIMORE	CITY	HEALTH	DEPARTMENT
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	OF DECEAS	ED			2, DATE AN	D HOUR OF DEATH		
ype or P	'nnt/	Hel	en Mo	Craw		7 23, 1965	8:00 P.	
FULL N	NAME OF	(If not in hospital	or institution	give street	4. USUAL RESIDENCE (Where A. STATE B, COUNTY Maryland	deceosed lived. If i	nstitution: residence before odmissio	
HOSPIT		Baltimore C 1940 Easter	city Hos		Baltimore (If out		RURAL ond give township)	
	,	Baltimore,			D. STREET ADDRESS (If r 4940 Eastern	urol, give locotion) Avenue #2]	1224	
SEX		ACE Vhite		D, NEVER MARRIED ED, DIVORCED (specify) Widowed	8-31-74	ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min,	
			A 100 MINIO		11. BIRTHPLACE (State or foreign		12. CITIZEN OF	
		ing life, even if retired)		OF BUSINESS OR INDUSTRY	West Vir		U. S. A.	
B. FATHE	R'S NAME				14. MOTHER'S MAIDEN NAM	•	0 0 0 A	
		er in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					RECORDS: BCH: A	4940 Easter	n Avenue #21224	
18.		OR CONDITION DI		CAUSE OI	Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH	
	does nal	meon the made of henia, etc. It means	dying, e.g			000000000000000000000000000000000000000		
injury		CECEDENT CAUSE		(B)	Carcinoma of Breast			
				DUE TO				
rise	to the c	CONDITIONS, if above cause (A) ONDITION last.			Arteriosclerot	ic Heart Di	sease	
rise	to the control of the	above cause (A) ONDITION last. ANT CONDITIONS H BUT NOT REL	stoting Ih	e (C)	Arteriosclerot	16 Heart Di	sease	
OTHI TO DISE.	to the control of the	ANT CONDITIONS OF HEATTON CAUSING ERATION 178. COI	stoting Ih	e (C)	Arteriosclerot	20B. IF YES, WERE		
OTHI TO DISE. 19A. C QUAL OR C DEAT	ER SIGNIFICATE DEAT ASE OR COLORER OF OP	ANT CONDITIONS OF HEATTON CAUSING ERATION 178. COI	CONTRIBUTII ATED TO 1 11. NOITION FOR	e (C)	20 A. AUTOPSY? (Yes or No. Yes	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
OTHI TO DISE 19A. C	ER SIGNIFICATION OF THE DEAT ASE OR COIDATE OF OP ACCIDENT NONTRIBUTING HOUSE (MILLIAN TO THE STATE OF THE ST	ANT CONDITIONS OF THE BUT NOT RELINION CAUSING ERATION 198. COLUMNS PER WAS UNDERLYING GOLD CAUSE OF	CONTRIBUTII .ATED TO 1 IT. NOITION FOR RFORMED 2 h (Hour) 21	WHICH OPERATION B. PLACE OF INJURY (e.g., irmee, lorm, loctory, street, of	20A. AUTOPSY? (Yes or No. Yes or obout 21C. WHERE DID fice bidg., 101F. HOW DID INJU	20B. IF YES, WERE IN CERΠΓΥΊΝΟ CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OTHITO DISE. 21A. DOR OF IN (APPR	ER SIGNIFICATIVE DEAT THE DEAT THE DEAT OF OP ONTRIBUTIN H (notify me TIJURY ROX.)	AND CONDITIONS ANT CONDITIONS H BUT NOT REL NOTION CAUSING ERATION 19B. COI WAS PEI WAS UNDERLYING IG CAUSE OF dicol exominer) In the condition of the conditio	CONTRIBUTII .ATED TO 1 IT. NOTION FOR REORMED 2 he et	B. PLACE OF INJURY (e.g., irme, lorm, loctory, street, of c.) E. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No. Yes or obout 21C. WHERE DID injury OCCUR? 21F. HOW DID INJURY Druary 17	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Yes re City, give exact locotion)	
or o	ER SIGNIFICATIVE DEAT THE DEAT ASE OR COLONTRIBUTINH (notify me TIME (MURY) (1) (we) las haur and from the contribution of the	ANT CONDITIONS IN BUT NOT REL NOTION CAUSING ERATION 198. COI WAS PEI WAS UNDERLYING G CAUSE OF dicol exominer) In the coincident of the c	CONTRIBUTII ATED TO 1 1T. NOITION FOR RFORMED 2: he et (Hour) 21) attended	WHICH OPERATION B. PLACE OF INJURY (e.g., ir me, lorm, loctory, street, of c.) E. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No. Yes or obout 21C. WHERE DID injury OCCUR? 21F. HOW DID INJURY Druary 17	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Yes re City, give exact locotion) Mary 23 Infon death occurred on the de	
or o	ER SIGNIFICATIVE DEAT OF OP ONTRIBUTIN H (notify me TIME AUGUST) CONTRIBUTION (1) (we) las	ANT CONDITIONS IN BUT NOT REL NOTION CAUSING ERATION 198. COI WAS PEI WAS UNDERLYING G CAUSE OF dicol exominer) In the coincident of the c	CONTRIBUTII ATED TO 1 1T. NOITION FOR RFORMED 2: he et (Hour) 21) attended	WHICH OPERATION B. PLACE OF INJURY (e.g., irme, lorm, loctory, street, of c.) E. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No. Yes If or obout 21C. WHERE DID Fine bldg., INJURY OCCUR? 21F. HOW DID INJURY 2	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Yes re City, give exact locofion)	
or Control of the con	ER SIGNIFICATIVE DEAT THE DEAT ASE OR COLONTRIBUTINH (notify me TIME (MURY) (1) (we) las haur and from the contribution of the	ANT CONDITIONS OF THE BUT NOT REL NOT	CONTRIBUTII ATED TO 1 1T. NOITION FOR RFORMED 2: he et (Hour) 21) attended	WHICH OPERATION B. PLACE OF INJURY (e.g., irme, lorm, loctory, street, of c.) E. INJURY OCCURRED While At At Work The deceased fram Fe Jahuary 23, (I) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No. Yes Tor obout 21C. WHERE DID Fine bldg., 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. How DID INJURY 21F. How DID INJURY 30 and the body after deoth. Andrea Director 23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo JRY OCCUR? 9 43 ta Jan at in(my) (our) ap	FINDINGS CONSIDERED AUSES OF DEATH? Yes re City, give exoct locotion) Mary 23 Inform death occurred on the death occurred occurred on the death occurred on the death occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred occu	
or his europe of the control of the	ER SIGNIFICATIVE DEAT THE DEAT THE DEAT OF OP ACCIDENT NONTRIBUTIN H (notify me TIME (M) (1) (we) las that and from the tign and from the tign and from the tign and from the tign and t	District Cause (A) ONDITION last. ANT CONDITIONS HEUT NOT REL	CONTRIBUTII ATED TO 1 IT. NOTION FOR REFORMED 21 http://www.dil.org/discourage/	B. PLACE OF INJURY (e.g., irme, lorm, loctory, street, of c.) E. INJURY OCCURRED While At At Work The deceased from Fe January 23, (I) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No. Yes It or obout 21C. WHERE DID Fice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. How DID injury 30 and the liew the body after deoth. Anding Med. Director 23D. ADDRESS 4940 Eastern	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Yes TO City, give exact location? 19 65 Infon death occurred on the death occurred occurred on the death occurred occurred on the death occurred occu	

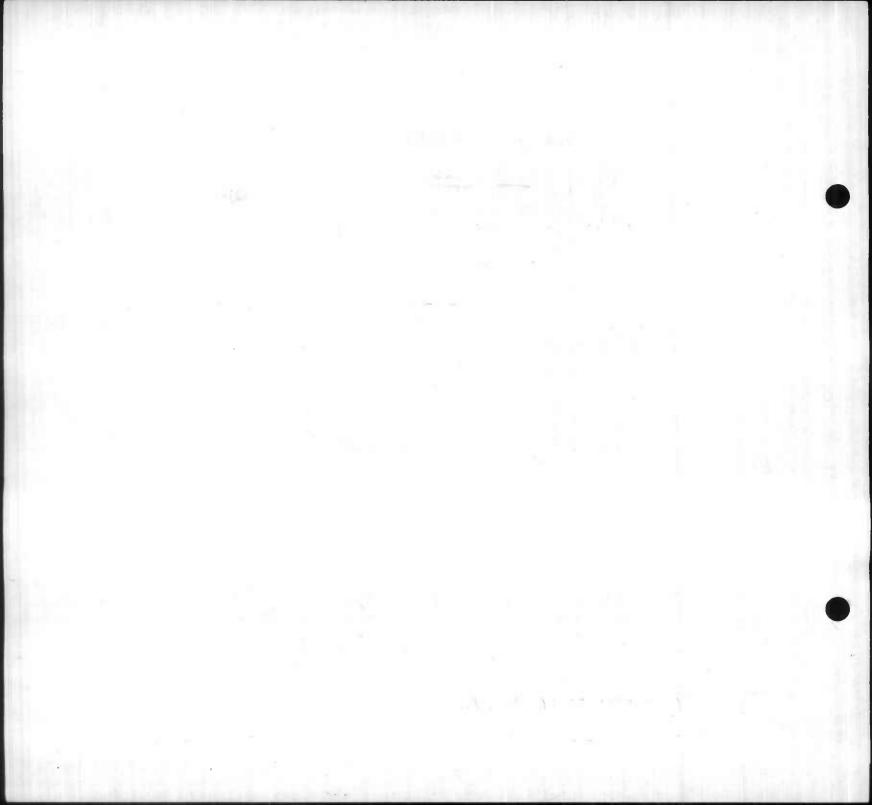


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 3. 5. I 10. do HC 15 (Y MEDICAL CERTIFICATION 24 25

	C) 500 1	1 010.	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 1177
RTH NO.	65 1	137	CEDTIEICA	TE OF DEATH	Registered N	o.
E CASE NO.			CERTIFICA			
NAME OF DEC					AND HOUR OF DEAT	0 00 5
	Elizabeth		ert	Ja	nuary 28, 19	965 2:20 P. M
PLACE OF DE	ATH IN BALIMORE M	AKILAND		A. STATE B. CO	UNTY	f institution: residence before admission)
FULL NAME		l or institution, gi	ve street	Maryland		7-03
HOSPITAL OR	oddress or locot	ion)		C. CITY OR TOWN (IF	outside city limits, wri	te RURAL and give township)
	2095 Rockros			Baltimore		
	Ardleigh Nur	sing Home		D. STREET ADDRESS	(If rural, give location)	
	Baltimore, M	aryland	21211	627 East 37	th Street	21218
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	White	Widow		Oct. 6. 1880	81,	
			BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
ousewife	working life, even if retired	YT	me:	D-144		
FATHER'S NA	ME	**0	IIIG	Baltimore, Ma		U.S.A.
	an Eisenhard			1	?	
. Was Deceose es, no or unknow	d Ever in U. S. Armed F	orces? otes of service)	SECURITY NO.	17. INFORMANT	1	ADDRESS
No	None	>	None	Mr. William K	Doolsont D	814 So. Charles St.
11R /	a 1 at 5.7	11600	CALISE C	OF DEATH	DECKET	INTERVAL BETWEEN
DISEA	SE OR CONDITION E LEADING TO DEATH	PIRECTLY	1781			ONSET AND DEATH
	LEADING TO DEATH	4 6	Acu'	te myocardia	l infarcti	ion 20 min.
(This does	not mean the made of asthenia, etc. 11 mean	ol dying, e.go	DUE TO			serverse dru che serve <mark>d</mark> er (1000年100日 0 0000日 0 1 0000日 0 1 000日 0 1 000日 0 1 000日 0 1 000日 0 1 0 0 0 0
	mplication which couse			aniagalamati	a aamilia	3.0
	ANTECEDENT CAUSE	5 2	7 E (8)	erioscleroti	ular disea	lo yrs.
DISEASES	OR CONDITIONS, if	any, giving	1 6 3	Vasc	ular disea	ase
rise to th	ne abave cause (A		THE THE STATE OF T	······		
UNDERLYIN	G CONDITION last.	<u> </u>	2 8 7			
OTHER SIGN	ll	CONTRIBUTION	3	0.11. /2		
I O IIIL I	IFICANT CONDITIONS	PULL IN THE	gracture	e of hip (le:	it)	
	F OPERATION 198. CO		HICH OPERATION	20A ALITORSY2 (Yes or	Nol 208 te vec we	RE FINDINGS CONSIDERED
(1)		RFORMED	THE COLLEGE OF THE CO	No	IN CERTIFYING	CAUSES OF DEATH?
21 A. ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	O (If in Boltin	more City, give exact location)
OR CONTRIB	Y medical examiner	home etc.)	, form, factory, street, c	office bidg., INJURY OCCUR	?	
2			Home			h Street
OF INJURY	(Month) (Doy) (Yeo		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)	/12/65 10:	OOA . M Whill		" Ex Fell in	n livning	room
22. I certify	y that (1) (this-haspit	al) ottended the	e deceased from A	ugust 7,	The state of the s	anuary 28 19 65
) last sow the decea		January 26	19 65 ond		opinion deoth occurred on the date
						opinion decin occurred on the dan
23A. SIGNAT		ored obove. (r)	(me) (ala) (ara not)	view the body after deat	rn.	238. DATE SIGNED
230.3101141	T Va.	10	M.D. AH	ending Med.	Stoff	
	Diog	116,4	aul Phy	ending Med. ps. Director	Phys.	Jan. 289, 1965
NAME (Type) T 7 1 1	Source	. () (23D. ADDRESS		
	Lloyd E.	Saylor	M.D.	3902 Greenm	nount Avenu	ue
A. BURIAL CRI	EMATION, 24B. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D	LOCATION	(City, town, or county) (Stote)
Burial	2/1/10	6F T	andan Daula O		Dollaine - M	
A. DATE REC'E	D BY HEALTH DEPT.	258. NAME O	oudon Park Ce	25C. FUNERAL DIRE	Baltimore, M.	ar yland Address
FEB 1	1965 00	C TO) ,, ,	Y . T - A -ALY		
150-REV. 1/1	1500 (Les	TIE, Jay	Kulled.	wm-hours	er + Some Co	altimore, md. 21217
130-KE V. 17 17	IV A AD. O					



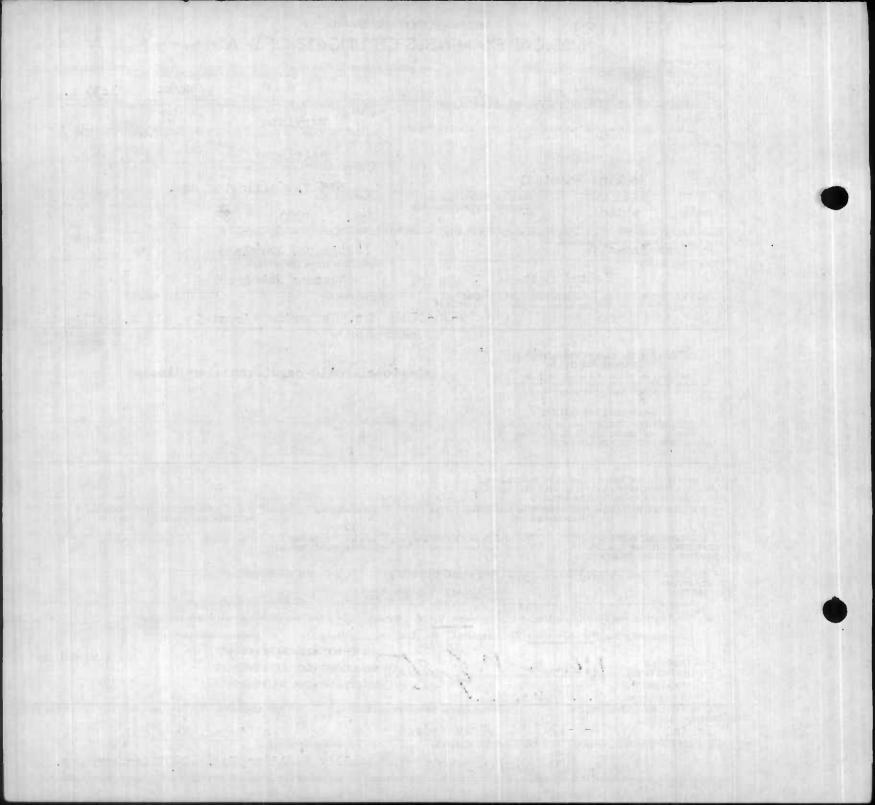
CE 4499	BALTIMORE CITY	HEALTH DEPARTMENT		C5 1100
MRTH NO. 65 1138 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 1138
1. NAME OF DECEASED (Type or Print) MR. LIBERATO	TROTTA	1-3	0 - 6 S	1818 P.M
FULL NAME OF HOSPITAL OR INSTITUTION WIND MEMORIAL MEMORIAL MEMORIAL MEMORIAL	HOSPITAL	C. CITY OR TOWN HI OUT BALTIMOR D. STREET ADDRESS (IF	side city limits, write RUR E rurol, give location)	AL and give township)
5. SEX 6. RACE 7. MARRIE	D. New Med Joy	B. DATE OF BIRTH	HEFFIELD 9. AGE fin years lost birthdoy)	Under 1 Yr. If Under 24 Hrs Ionths; Doys Hours; Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if refired) Pennsylvanis Rail Road R	of Business OR INDUSTRY		810	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME 2 Lugi Tro		14. MOTHER'S MAIDEN NA	ΛE	W-391,
15. Was Docoased Ever in U. S. Armod Forces? (Yes, no arunknown) Iff yes, give war or datas of service)	1 6. SOCIAL	17. INFORMANT WIT	FE SSIE TRO	ADDRESS SAME.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g. heart foilure, osthenio, etc. It meens the disease injury or complication which coused death.) ANTECEDENT CAUSES	GAUSE OF	GESTIVE HEART	Failurure	INTERVAL BETWEEN ONSET AND DEATH 12 Hours
DISEASES OR CONDITIONS, if ony, givin rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE DEATH BUT	NG (C)			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yos or No	208. IF YES, WERE FINITION CERTIFYING CAUSE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (o.g., in ome, farm, foctory, stroet, of tc.)	or obout 21 C. WHERE DID	(If in Boltimore Ci	ity, givo exact location)
₹ OF INJURY	Vhile At Not While	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive on and hour and from the causes stated above.	January 30	19 65 ond th	19 65 to January to	n death occurred on the do
23A. SIGNATURE Down Wernt Mac Mic 23C. PHYSICIAN'S NAME (Typo)	M.D. Atto	nding Med.	Stoff Phys. 23	B. DATE SIGNED
Burial 2-3-1965 Oa	NAME OF CEMETERY OF CRE Ak Lawn Cemeter		cimore County,	town, or county) (Stote) , Maryland
FEB 1 1965 OLGEN	of REGISTRA	Lilly & Zeile		Eastern Ave.



BALTIMORE	CITY	HEALTH.	DEPARTMENT
DAFIRMOKE	O111	TIEMETTI	PELWINEIA

rs pu	0 1 10 1	
55	1133	
No.	LILUM	١

NAME OF DE	CEASED				2 DATE A	ND HOUR PRONOUNC	ED DEAD	
Type or Print) MI CHAEL LOTZ					2. DATE A	1/28/6		1:30 p. M.
PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE 8. COUNTY				
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					Maryland			
OSPITAL OR	ADDRESS OR LOCA	ATION)	THOUSE OF THE ET	C. CITY OR	R TOWN (If outs	ide corporate limits, writ	e RURAL on	d give township)
				D STREET	Baltimor		1	7
	Hopkins Hospi	ital						
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In yeors	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
male	white	Single			3, 1880	84		3073 110013 171111
USUAL OCC	UPATION (Give kind of working life, even if retired)	k TOB. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or for	eign country)	12. CITIZE WHAT	N OF T COUNTRY?
	Huckster				more, Ma			
FATHERS NAME Michael Lotz						hwarzkopf		
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORM		mar sitopi	ADDRESS	
NO or unknow	n) (If yes, give war or dote	s of service)	219-26-2782	Mrs C	latherine	Firnstein	67 E M	Collinaton
18.				OF DEATH		TITIBUELII		INTERVAL BETWEEN
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(This does heart failure injury or co	LEADING TO DEATH not meen the mode of e, osthenio, etc. It meens emplication which caused ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	i dying e.g., s the disease, death.) ES ANY, GIVING TATING THE	(B) DUE TO	esclere	tic cardi	ovascular di	sease	
(This does heard foilure injury or conjury o	LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which caused ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE	I dying e.g., s the disease, death.) ES ANY, GIVING THE CONTRIBUTING THE	(B) DUE TO (C)	eselere	tic-cardi	ovascular di	sease	
(This does heard foilure injury or conjury o	LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which caused ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. II GNIFICANT CONDITIONS	I dying e.g., s the disease, death.) ES ANY, GIVING THE CONTRIBUTING THE LATED TO T G IT.	(B) DUE TO (C)	20A. AUT		OVAGCULAR di	INDINGS	
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OTHER SICTO THE DISEASE OTHER SICTO THE DISEASE OTHER SICTO THE DISEASE OTHER DISEASE OTHER DISEASE OTHER SICTO THE DISEASE OTHER SICTO THE DISEASE OTHER DISEASE OTHER DISEASE OF INJURY (APPROX.) 21. I cee results of the disease o	LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which coused the coused of the couse	idying e.g., she diseose, deoth.) ES ANY, GIVING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE 21B. home etc.) Inquiry Inquiry .	(B)	20A. AUT no in or about 2' office bidg., in tapsy CHIE ASSISTAN ASSOCIAT	OPSY? (Yes or N I.C. WHERE DID HJURY OCCUR? IF. HOW DID IN and that an element of the company of the compan	O) 20B, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, of JURY OCCUR? This basis, death in Undetermined monn EXAMINER EXAMINER EXAMINER EXAMINER	INDINGS CO ISES OF DEA give exoct loc	DATE SIGNED



		BALTIMORE CITY	HEALTH DEPARTMENT		65 1140
BIRT	H NO. 65 1140	CERTIFICA	TE OF DEATH	Registered Na	00 1140
	CASE NO.			D HOUR OF DEATH	
	e of frint)	· 1 - ++		30-65	345
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	21611	4. USUAL RESIDENCE (When	e deceosed lived. If ins	titution: residence before admission)
			A. STATE B. COUN	TY	> 111
F	ULL NAME OF (If not in hospital or institut OSPITAL OR oddress or location)	ion, give street	Marylan	1 -	5 0 /
	ISTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	URAL ond give township)
7			Daltimo		
1	22	,2 ,/	i	rurol, give location)	1
	Mercy Hospital	- Wasta	3116 K	avenuos.	d the 13
5. \$1		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	mw	narries	1-24-14	51	
	USUAL OCCUPATION (Give kind of work 10B. KIN)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		2		WHAT COUNTRY?
13. F	ATHERS NAME		JOSEF, MO.	/*C .	
-	Go.		14. MOTHER'S MAIDEN NAM	VIE	
1	ranklys L. M	arslett	[12abets	n Krebs	
15. V	Vos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , , ,	212-01-2868	Mrs. Mario	G Marsho	tt same
-	18. / 5 2 / 1			g. massice	L INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Out with	NE AUTOR	CY REPO	ONSET AND DEATH
	LEADING TO DEATH	H WHITI	100	F. 0 0	
	(This does not mean the made of dying,		the some	he allock	F
	hearl failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,			
	ANTECEDENT CAUSES	(8)			
		DUE TO			
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating				
	UNDERLYING CONDITION last.	10/	9 **		
	11				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
5	9A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 208. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS FERFORNIED			IN CERIFIING CAU	SES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
4	DEATH (notify medical examiner)	etc.)	ce sing., INJORI OCCOR:		
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
N N	OF INJURY (APPROX.)	While At Not While			
-		Work At Work			
1	22. I certify that (I) (this hospital) attended	ed the deceased fram		9ta	19,
1	that (I) (we) last saw the deceased olive	an	19and the	at in(my) (aur) apini	ian death occurred an the date
	and haur and fram the causes stated abov	e. (I) (We) (did) (did nat) vi	ew the body after death.		
	3A. SIGNATURE	* 01			23 B. DATE SIGNED
	A 100	M.D. Atten	ding Med.	Stoff	
	23C. PHYSICIAN'S	Lickallo Phys.	Director Director	Phys.	1-30-65
	NAME (Type)	1	14 11	. , 1	
	David Michon	M.D.	Marcy Hospi	iai	
24A.	BURIAL CREMATION, 248. DATE 249. REMOVAL (Specify)	C. NAME of CEMETERY of CREA	AATORY 24D. LC	CATION (City	, town, or county) (State)
	Burial 2/3/65	Gardens of Fa	ith 1	Baltimore,	Maruland
25A.	DATE REC'D BY HEALTH DEPT. 258. NAM		25C. FUNERAL DIRECTOR	woodnore;	ADDRESS
	FEB 1 1965 (P.O.,	B-C FORMA	Leonard J. F	Qual One F	305 Harford Road
VS 1	50-REV. 1/1/65	O C. Mansanina	Leonala y.1	wer sie 5	joj Haczora Node

6/28/65 - Infiltrating adenocarcinoma

golenic floring of colon;

see letter from mercy Hospital

Filed Bureou & Burstatistics - american Bldg

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BALTIMORE CITY HEALTH DEPARTMENT 65 CERTIFICATE OF DEATH Registered Na. BIRTH NO. pital and of death Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital ROBERT E. JONES 30 1965 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. If institution: residence ance B. COUNTY A. STATE (4) Undetermined cause; (5) contributing cause MD. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion) C. CITY OR TOWN write RURAL (If outside city attend 10 in a D. STREET ADDRESS prior 4612 MAINFIELD AVE. (If rurol, give location) occurred 4612 MAINFIELD AVE. is made. regular 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX 8. DATE OF BIRTH deceased WIDQWED, DEVORGED (specify) Married MALE IOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death disposition done during most of working life, even if retired) = direct, or Retired
13. FATHERS NAME Georgia MOS 4. MOTHER'S MAIDEN NAME the Ludia Reeves Robert Jones assistant death uo kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give wor or dotes of service) 7. INFORMANT 6. SOCIAL final SECURITY NO. attendance WW yes Mar any pronounced 0 1B. or his DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenio, etc. It means the disease, the chief medical examiner examiner. regular injury or complication which caused deoth.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, 3 to the above cause (A) stoling the physician UNDERLYING CONDITION last. the remains medical burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 198, CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED 6 before by 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where to the hospital MEDICAL °Z DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) Work At Work ; and any 22. I certify that (I) (this hospital) attended the deceased fram 1965 pe that (1) (we) last saw the deceased alive an... and that in (my) (app) apinian death accurred an the date of death) hospital certificate must be the body was released and haur and from the causes stated above. (1) (WE) (did) (did not) view the bady after death. must An accident 23AL SIGNATURE Attending L M.D. Med. Stoff 10 written approval Phys. Director Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS eceased prior to NAME (Type) M.D. Thomas L. Worsley, Jr. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION D.O. REMOVAL (Specify) shows: Irlington National 2/2/65 (em. MOS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

2900 Alameda Blvd. Balto., Md. 21218 (City, town, or county) Va. ADDRESS LEONARD J: RUCK, INC., BALTO, MD, 21214 VS 150-REV, 1/1/65

ond give township

If Under 24 Hrs.

Hours

If Under 1 Yr.

Doys

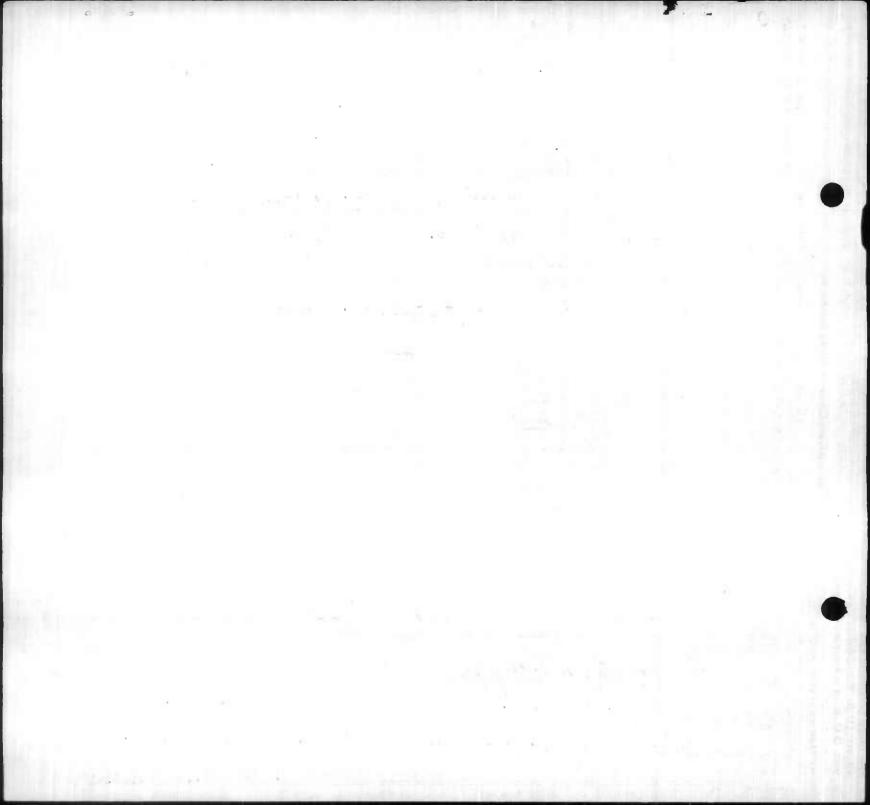
12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

Same

23B. DATE SIGNED



deceased

written

VS 150-REV, 1/1/65

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prior

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attend 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE ARYLAN FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR address or tacationt timits, write RURAL and give townsh OR TOWN D. STREET ADDRESS rural, give location GLEN 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. 5. SEX 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) last birthday) Hours WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Maruland Home Housewite 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Unknown ADDRESS 15. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL (Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO. Raymond A. Same No 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARDIOCIRCULATORY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Not WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (If in Battimore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner etc.) MEDI (Month) (Day) (Year) (Haut) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not While [(APPROX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred an the date that (1) (we) lost saw the deceased alive on. and hour and from the couses stated obave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED at Ferrandeni Attending Phys. M.D. Med. Staff Director ___ 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. REMOVAL (Specifyt 165 Loudon Park (emetery Burial 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR

NEDISHTVI

CELLICON JUNEO 7 87-19-01

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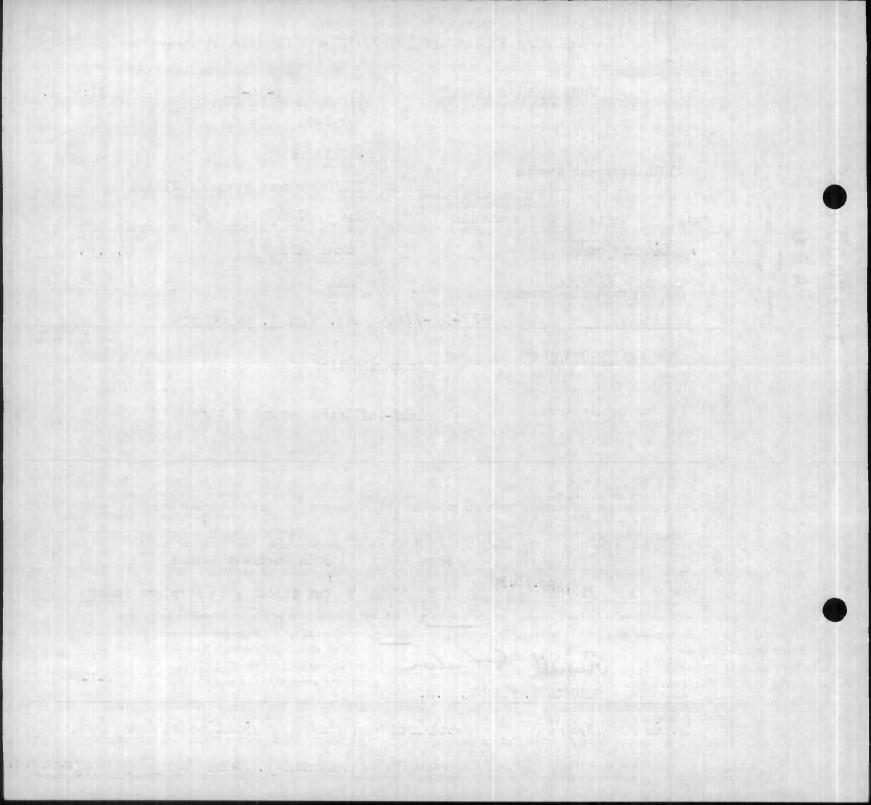
142	BALTIMORE	CITY	HEALTH	DEPARTM
1 /2 4				

G. 4/6 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 1143

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED	DEAD	
	OHN RICHARD G	ILBERT		1-31-65	11:55 A.M.	
3. PLACE IN BALTIMORE, MARY			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland			
FULL NAME OF (IF NOT I HOSPITAL OR ADDRESS INSTITUTION	N HOSPITAL OR INSTITUT OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
			Baltimore 2 / 0 3			
3014 Oakcre	st Avenue		D. STREET AD	DRESS (If rural, give location)		
S GEV LA DA GE	7	ISVED ALABOUED	3014	akcrest Avenue 212		
Male White	WIDOWED, DI	VORCED (specify)	Nov 5,	last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	
OA. USUAL OCCUPATION (Give	kind of work 10B. KIND OF				12. CITIZEN OF	
Retired (00			Vira	inia	WHAT COUNTRY?	
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		
Monroe Gill	ert		Mary			
5. WAS DECEASED EVER IN U.		6. SO CIAL SECURITY NO.	17. INFORMANT	A	ADDRESS	
es, no or onknown, or yes, give	var ar gales of servicer	17-07-110	a Mar	Ida E. Gilbert	4.0000	
1B. 6 0 777		CAUS	E OF DEATH	raa (. guven	INTERVAL BETWEEN	
F9/IXI	ITION DIRECTO				ONSET AND DEATH	
DISEASE OR COND	O DEATH	Fyca	nguinatio	n		
(This does not mean the heart foilure, osthenio, etc. injury or complication whice	It meons the diseose,	DUE TO	1164711447			
ANTECENDEN DISEASES OR CONDITIE	ONS, IF ANY, GIVING	(B) Self	-inflicte	d wound of throat		
UNDERLYING CONDITION					- C n 1236	
Z		(C)				
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION						
TO THE DEATH BUT		t				
19A. DATE OF OPERATION	198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPS	Y? (Yes or No.) 208. IF YES, WERE FIND IN CERTIFYING CAUSES		
21A, EXTERNAL CAUSE WA		ACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C.	WHERE DID (If in Boltimore City, give	exact lacation)	
UNDERLYING TOR CONTRIB		Home		014 Oakcrest Avenue		
5	oy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. 1	OW DID INJURY OCCUR?		
	1 64 AMm. W	HILE AT NOT	WHILE X C	at throat with straig	ght razor	
22. I certify that I he	ld an Inquiry	Inspection Y A	utopsy a	nd that on this basis, death In my	opinlan	
resulted fram: N		cident Suici				
				MEDICAL EXAMINER		
ACTUAL	100	Fully		MEDICAL EXAMINER	DATE SIGNED	
SIGNATORE	untill "	M.1		MEDICAL EXAMINER	2-1-65	
EXAMINER'S NAME (Type) RU	SSELL S. FISH	ER, M.D.	ASSOCIATE	MEDICAL EXAMINER		
23A. BURIAL CREMATION, 238		NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City, to	own, or county) (Stote)	
Burial 2	2/4/65	Morelana	! Mem Pa	rk Baltimore,	Maryland /	
24A. DATE REC'D BY HEALTH	DEPT. 248. NAME O			RAL DIRECTOR	ADDRESS	
N 874, 2 FEB 1	1965 Robert	E. Farkumi	Leon	nard J. Ruck Inc	5305 Harford R	



FUNERAL DIRECTOR: IMPORTANT

the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and was D.O.A. at a hospitol (except where the physician who pronounced death was in regular ottendance on the deceased prior to death); ond (6) No physician was in regular attendance on the deceased prior to death. Such written approvol must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		CF
M.E CASE NO. 65 1144	CERTIFICA	TE OF DEATH	Registered No.	05 1144
T. NAME OF DECEASED,	Longenke	rafil Jan	HOUR OF DEATH	7 98 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	of the same of the	A. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If institut	tion: residence before admission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or location)	ve street	C. CITY OR TOWN (If outsi	de city limits, write RURA	Al and give township)
INSTITUTION POPULATION	710	Balto!	,,	are dividently
1403 Olymen C		1403 Colofi	rol, give location)	Eur-
	DIVORCED (specify)	6 ct. 18 75	AGE (In years of Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	n country) 12	CITIZEN OF WHAT COUNTRY?
Retired Selfo.	Transel	Med!		WSa
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
15, Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS V - 10
(If yes, give wor'or dotes of service)	SECURITY NO.	43-Mrs. Se	trude has	and same
18. 157 × 1	CAUSE O	FDEATH	11	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carin 1 1	1 / 1	
(This does not mean the mode of dying, e.g.,	DUE TO	Caranoma of 10	and of promesses	2 mentls
heorl foiluse, asthenia, etc. II means the disease, injury or complication which caused death.)		(v V	
ANTECEDENT CAUSES	DUE TO	2.	r\$48 tr 257 666 7666666666666666666666666666666	
DISEASES OR CONDITIONS, if ony, giving lise to the obove couse (A) stoling the	(C)	Generalyal asku	melvosis	10 years
UNDERLYING CONDITION Iosi,				0
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR W. WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 218. F	PLACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore Cit	y, give exoct location)
21D. TIME (Month) (Day) (Year) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While				
22. I certify that (I) (this hospital) attended the		1957 19	10 1/3	0 1965,
that (1) (we) last sow the deceased alive on	1/30	19 65 and that	In(my) (our) apinion	deoth occurred on the date
and hour ond from the causes stated above. (1)	(We) (did) (didumt) v	iew the body ofter deoth.		
23A. SIGNATURE	M.D. Atte	nding Med S	toff [2/1/65
23C SHYSICIANS	Phys		hys.	2/1/0)
Paul Coffay Jr.		_	Paul Street	
24A. BURIAL CREMATION, 24B. DATE / 24C.NA/	ME of CEMETERY or CRE	MATORY 24D. LO	CATION (City.etc	DWA, or county) // (State)
Semoval (Specify) 2/2/65 Ma	st Haly C	leemer 6	solto.	mel.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAD	25C4 FUNERAL DIRECTOR	6	ADDRESS COLL
FEB 1 1965 (Coloub >	- Mangeotina	Wille File.	410161	mondson
VS 150-REV. 1/1/65		U		



Such

prior

				BALTIMORE CITY	HEALTH DEPARTMEN	NT	65 1145
BIRTH N		1145		CERTIFICA	TE OF DEAT	H Registered N	
1. NAM	E OF DECEASED				2. DA	TE AND HOUR OF DEA	тн
	Δ.	DORA .I	. GERKI	ENS	F	EBRUARY 1. 19	65
3. PLAC	E OF DEATH IN	BALTIMORE, AA	RYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, I COUNTY	institution: residence before odmi
HOSE		If not in hospital a address or location		give street	C. CITY OR TOWN BALTO.	(If outside city limits, wir	te RURAL and give township)
	4316 PA	RKWOOD AV	ENUE		D. STREET ADDRESS 4316 PARK	(II rurol, give locotion)	
5. SEX	6. RAC		WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours A
FEMA		UCASIAN	MIDOM		12-6-1878	86	
	JAL OCCUPATION ing mast of working I		10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE				GERMAN	Y	U.S.A.
13. FATE	HERS NAME				14. MOTHER'S MAIDE	N NAME	·

E 14/-	HANS LENT		2	11/	JULIE 1	WULF	
	or unknown) (If yes,			SECURITY NO.	17. INFORMANT		ADDRESS
	17.			212-16-8371 B	MISS MINNI	E GERKENS.	SAME
1B.	4.1			CAUSE O			INTERVAL BETWEEN
rise	EASES OR COI	e cause (A)		502 10		heart des	
ATIO	HER SIGNIFICANT THE DEATH SEASE OR CONDIT	BUT NOT RELATION CAUSING I	TED TO TH			ußlyzen	
CERTIFIC D 19A	DATE OF OPERA	WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR	ACCIDENT WAS	CAUSE OF	216 hon etc.	B. PLACE OF INJURY(e.g., i ne, larm, foctory, street, o .)	n or about 21 C. WHERE (ffice bldg., INJURY OCCI	OID (If in Boltin	nore City, give exact location)
Q 21D		(Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
>	PROX.)		WH	nile At Not While At Work	• 🗌		
22.	I certify that (I	(this hospital	attended t	he deceosed from	Deluber	1964 to Q	amary 2 6 19 6
							17
Tho	t (I) (we) lost so	w the deceose	d olive on	January	19	nd that in (my) (our) o	opinion death occurred on the
ond	hour and from t	he causes stat	ed obove. (I) (We) (did) (did not) v	lew the body after de	eath.	
23A.	SIONATURE	6	2				23B. DATE SIGNED
	mari	0 6 W	rone	ad M.D. Atte	ending D' Med.	Stolf Phys.	2-1-65
23C.	PHYSICIAM'S NAME (Type)				23D. ADDRESS	2 1	20
	MARI	0 E. C	COM	AS M.D.	5101 /3	relair /	de
	RIAL CREMATION MOVAL (Specify)	. 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 2	4D. LOCATION	(City, town, or county) (St
E	BURIAL	2/3/6	OAF	KLAWN CEMETERY		BALTIMORE, M	D.
254 04	TE BECID BY HE	LTH DEAT	DED MANAGE	OF RECIETRAS	TOSC PILLIPPAL		- v

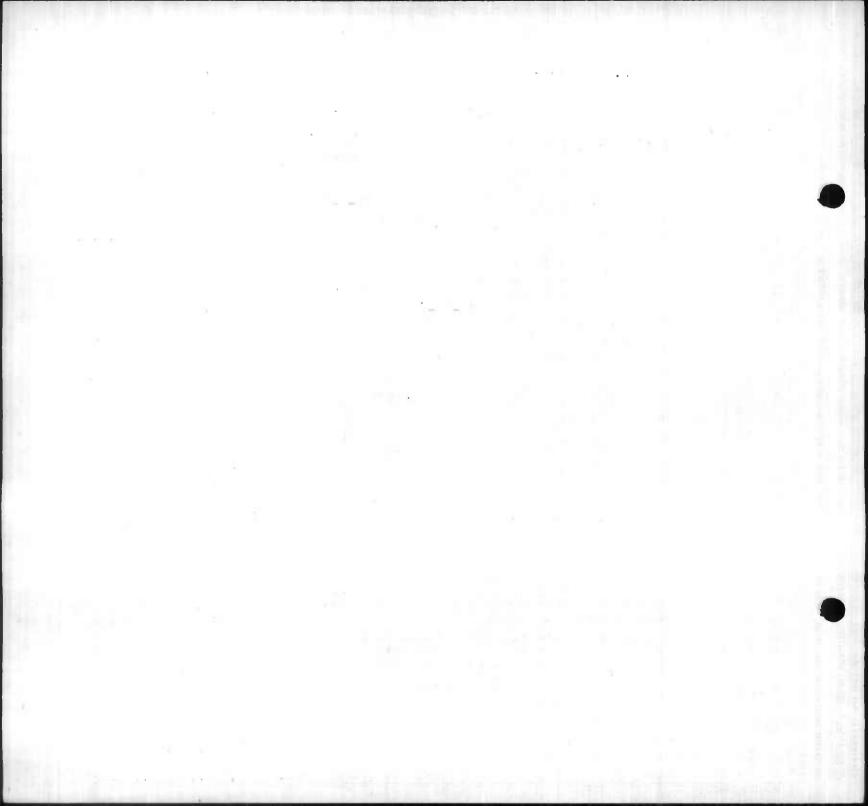
1965 FEB

Robert . E. Farber M.A

ADDRESS

LEONARD J. RUCK, INC., BALTO., MD. 21214

VS 150-REV. 1/1/65



Moreland Mem. Park

24C. FUNERAL DIRECTOR

Leonard J. Ruck Inc 5305 Harford Rd.

248, NAME OF REGISTRAR

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

. . .

		BALTIMORE CITY	HEALTH DEPARTMENT		65 1147
	BIRTH NO. 65 1147	CERTIFICA	TE OF DEATH	Registered No.	114/
	M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	
	(Type or Print) LASSAHN, CIL	A	1/3/	125 910A	7.2/ M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				tilution: residence before admission)
			A. STATE B. COUN	2)	8-10/
	FULL NAME OF (If not in hospital or institution, oddress or location)	give street	C. CITY OR TOWN (If our	/) Iside city limits, write RU	JRAL and give township)
21	INSTITUTION	. 0	1 BALTimos	26	
	Conversity Hospits	4		rurol, give location)	
			3417 HA	RFORD 1	1021218
		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF
	done during most of working life, even if retired)		Map	11.	WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1
	TI 11 1/2 /		MIT	1	
	JOHN W. ITUAGIN	S	11/11/14	L, JARV	,
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
		215-14-945	Mr. Thomas T	. G. Pearce	e, Jr.
	18. 153 8 1	CAUSE C	F DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1	1/2 01	· as f	ONSEL AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) / V	cherounce of	LOCK	
	heart failure, osthenio, etc. It meons the diseose,		11	1	
	injury or complication which caused death.) ANTECEDENT CAUSES	(B) M4	cardles the	ullize	
		DUE TO		. 13	
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.		C. Muyounde	al Infac	7
	11	1:4 10 /	101 to 1 at 1.	ol extens	4.3
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G A G- CA	LO- A believe	23 1	Dr. A-
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E Chice		400	100000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED.	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INTURY (o.c.	n or obout 210. WHERE DID	(If in Reltimese	City, give exact location)
	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CA	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	W III bollillorg	City, give exact loconon/
	W OF INITIAL	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX)	nile A1 Not While			/
	22. I certify that (I) (this hospital) attended t	he deceased from	121/65	19 10 //	31/65 19
	that (I) (we) lost sow the deceased alive on	1 - /			ion death accurred on the date
	and hour and from the causes stated above. (
	23A. SIGNATURE	1 1 -1			23B. DATE SIGNED,
	Theore y Dol	Cac MM.D. AH.	ending Med.	Stoff Phys.	1/31/65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	/ / 0 4
		M.D.			
	Theodore H. Dodenhoff 24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	, town, or county) (State)

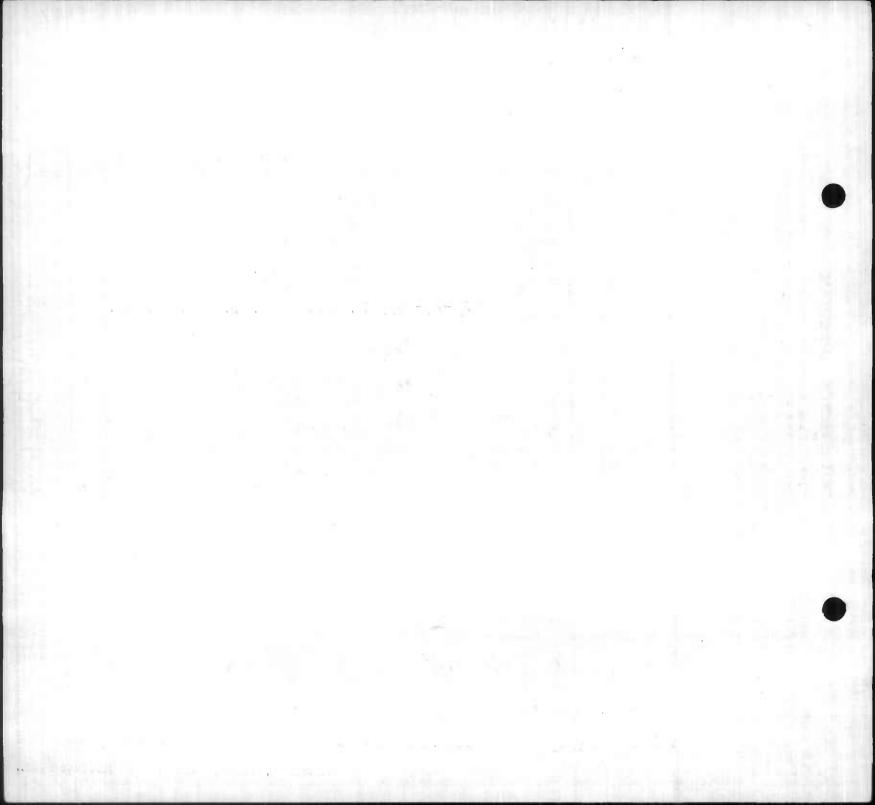
VS 150-REV. 1/1/65

165

Parkwood Cemetery Baltimore, Maryland

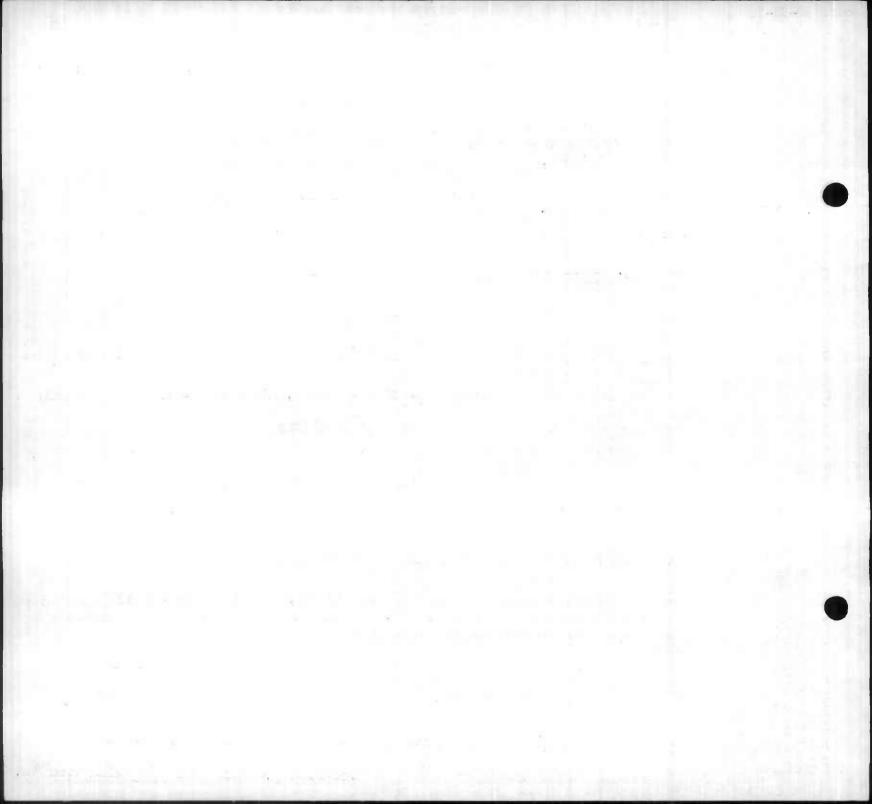
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR
Leonard J. Ruck Inc 5305 Harford Rd.

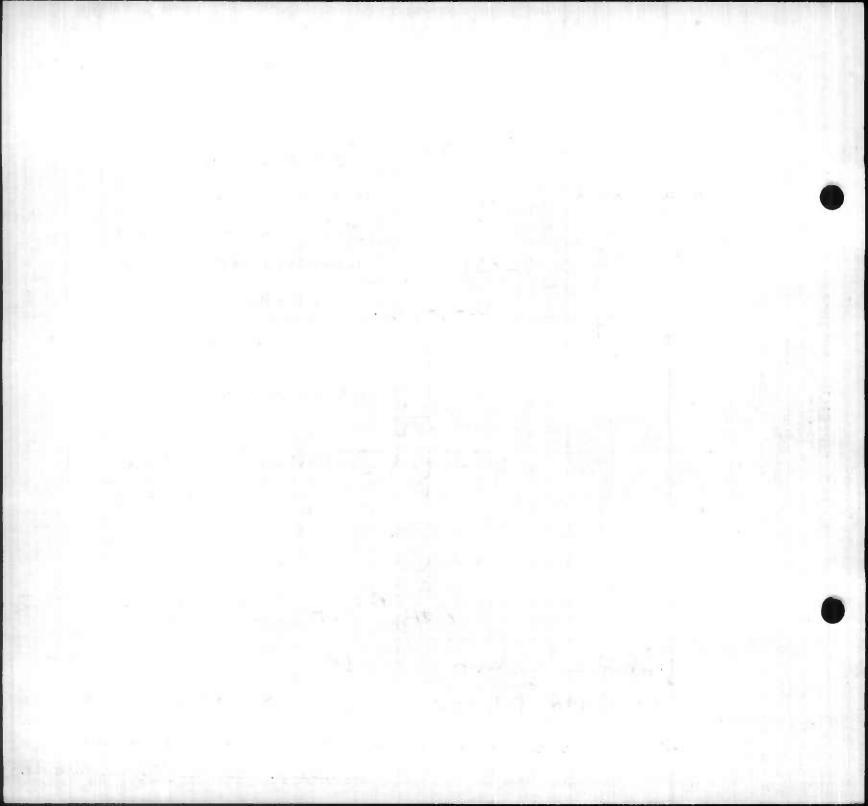


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such and the deceased prior to death. Such and the deceased prior to death.

	65 1	1 40		BALTIMORE CITY	HEALTH DEPA	RTMENT		65 1	148
BIRTH N	10.	1.40		CERTIFICA	TE OF D	EATH	Registered No	. 00	148
	E OF DECEASED					2. DATE AN	D HOUR OF DEAT	TH	
(Type or	El	izabeth Dr		uer		Ja	nuary 30,	1965 Institution: residence b	4:30 PM
3. PLAC	E OF DEATH IN BAL	TIMORE, MARYLAI	ND		4. USUAL RESI A. STATE	B. COUN	re deceased lived. If ITY	institution: residence b	efore admissiont
FULL	NAME OF (If n	ot in hospital or ins	titution,	give street	Maryla			26-0.	
	THEON	ess or location)	+ U		C. CITY OR TO		tside city limits, writ	e RURAL and give tow	nship)
V		ltimore Ci 40 Eastern			Baltim D. STREET ADD		rurol, give location)		
		ltimore. M				ipple A			
5. SEX	6. RACE	7. M	ARRIED,	NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years	If Under 1 Yr. , I	
Fer	male Whi			o, DIVORCED (specify)	10-19	1886	Tost birthdoy	Months Doys H	ours Min.
	JAL OCCUPATION (G		KIND OF	BUSINESS OR INDUSTRY		(State or fore	ign country)	12. CITIZEN OF WHAT COUN	TRY?
	Housewite	even a remody			Ma:	ryland		USA	
	HER'S NAME				14. MOTHER'S		ME		
	James E.	Williams			May	Fowler			
	Deceosed Ever in U.	S. Armed Forces?	t assic al	1 6. SOCIAL	17. INFORMANT	1		ADDRES!	5
1162,10	or unknown) (If yes, gi	e wor or goles of !	GIVIC E/	SECURITY NO.	RECORDS	· BCH /	940 Easter	n Arronso	
1B.	2600	1		CAUSE O		· 2011 4	vao naster	INTERVAL	BETWEEN
	DISEASE OR CONDITION DIRECTLY								ND DEATH
		TO DEATH		(/4)	Uremia			1 yea	r
	is does not mean to ort foilure, asthenia,		meons the disease,						
inju	ury or complication v		h.)	. Neph	roseleros	ais Ki	mmeletial.	Wilson Nephr	another
		NT CAUSES		DUE TO	<u> </u>	- shirt-g	minera of etail	with Mebin	obsterly
1	SEASES OR COND to the obove			(c) Dial	etes Mel	litus			
UN	IDERLYING CONDIT	ION lost.		shardad 600 a sa 0 sa sahir			pa 15·4 15·5 15·5 15·5 15·5 14·4 44·4 44·4	000000000000000000000000000000000000000	10 00 00 0 00 00 00 00 00 00 00 00 00 00
7		11							
15 10	HER SIGNIFICANT CO	T NOT RELATED			estive He	ant Fo	i lumo	2 ***	20.00
U 19A	SEASE OR CONDITION	N 198. CONDITIO	N FOR	WHICH OPERATION			O 20B. IF YES. WEE	RE FINDINGS CONSIDE	
E O		WAS PERFORM	ED		No		IN CERTIFYING	CAUSES OF DEATH?	
OR	CONTRIBUTING C	AUSE OF	hom	PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID	Of in Baltin	nore City, give exact lo	cotion)
U	ATH (notify medical e		etc.						
S OF	INJURY	(Doy) (Yeart (Ho		21E. INJURY OCCURRED While At Not While 21F. HOW DID INJUR		URY OCCUR?			
(AP	PROXI		Wo	rk At Work					
22.	I certify that (I) (his hospital) ott	ended t	he deceased from	ecember	13,	19 64 to Jai	nuary 30	19.65
tho	t (I) (we) lost sow	the deceased oli	ve on	January 30,	19.65	ond th	ot in (my) (our) o	pinlon deoth occurr	ed on the dote
ond	hour and from the	couses stated a	bove. () (We) (dld) (did not)	iew the body o	ofter death.			
23A	SIGNATURE	100	7					23 B. DATE SIGNED)
	Co	11. 6	lea	M.D. Att		Med. Director	Stoff Phy s.	1-30-65	
23C	PHYSICIAM'S NAME (Type)	I	Rober	t Cooke M.D.	23D. ADDRESS 4940 E	Castern	Avenue		ě
	IRIAL CREMATION,	24B. DATE	24C. N	AME of CEMETERY OF CR	MATORY	24D. L	OCATION	(City, town, or county)	(Stote)
	Burial	2/3/65		Oak Lawn (emetery		Baltimore	2. Maryland	
	ATE REC'D BY HEALT		NAME (OF REGISTRAR	25C. FUNER	AL DIRECTO	R	Maryland ADDI 2 5305 Har	RESS
	FFR 1	1965 (R	De l	g. E. Farber M. A	Leon	and I	Ruck Inc	= 5305 Har	ford Ro
VS 150-	REV. 1/1/65	- INGRIGI	4 4 7		1	- 0			0



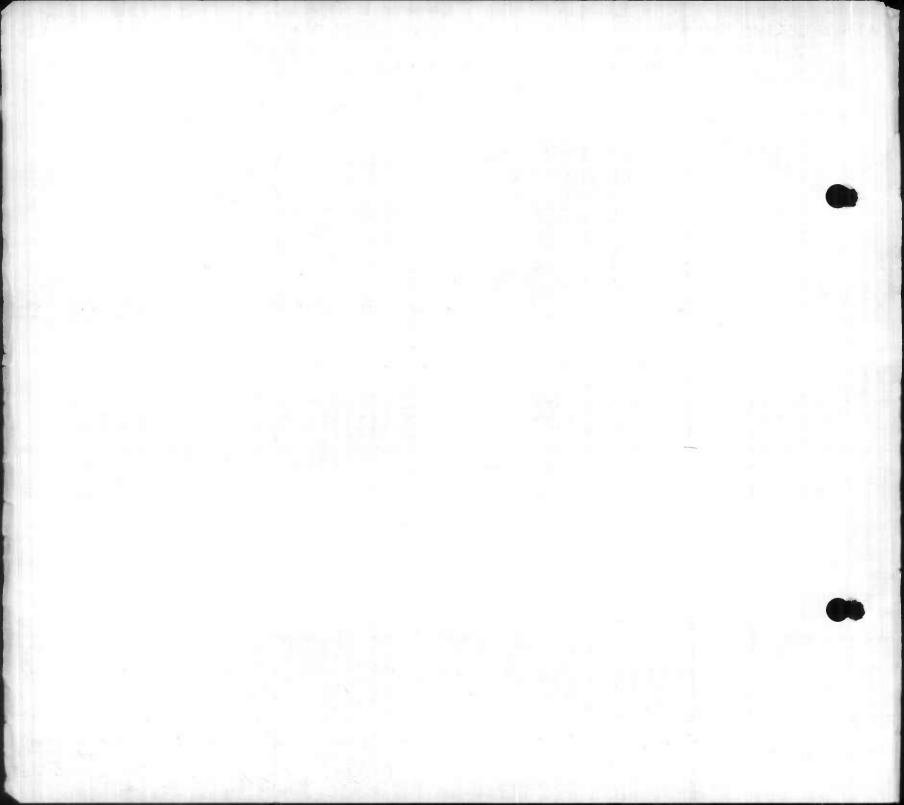
	BALTIMORE CITY	HEALTH DEPARTMENT	05	
BIRTH NO. 65 1149	CERTIFICA	TE OF DEATH Registered No.	65 1149	
I. NAME OF DECEASED	1 BLASI	2. DATE AND HOUR OF DEATH	11.05 A M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLANG		A. STATE B. COUNTY MARY LAND	institution: residence before admission)	
HOSPITAL OR oddress or locotion) 3005 LOUIS	e Ave	C. CITY OR TOWN III outside city limits, write	RURAL ond give township)	
		Occo Supress	foe	
Mou White wie	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 12-16-1887 9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KI) done during most of working life, even if refired)		Sicily (STALY)	12. CITIZEN OF WHAT COUNTRY? QUILLY CELL	
JOSEPH DI BI	ASI	MARCELLA RAIM		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 216-09-37045	SISTER 45	32 Horford Rd	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH	ONSET AND DEATH	
(This does nat mean the made of dying, heart failure, asthenia, etc. It means the di injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving	EREBRAL THROMB	0517	
UNDERLYING CONDITION Inst.	outing Declete	s mellitus etic Broncho buenv	nouie	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner)	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work			
22. I certify that (1) (this hospital) atterthat (1) (we) last sow the deceased aliv	. 7/	1965 to 1965 to 1965 ond that in (my) (aur) op	-30 1965.	
ond hour ond from the causes stoted obc	ve. (I) (We) (did) (did not) v	riew the body ofter deoth.	23B. DATE SIGNED 1131/65	
SEBASTION T	V550 M.D.	5017 Harford	Ref.	
Burial 2/4/65	HOLY Redeeme	r Cemetery Baltimore	City, town, or county) (Stote)	
FEB 1 1965	Sub E. Farburth	25C. FUNERAL BIRECTOR Leonard J. Ruck Inc	ADDRESS	
VS 150-REV. 1/1/65				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

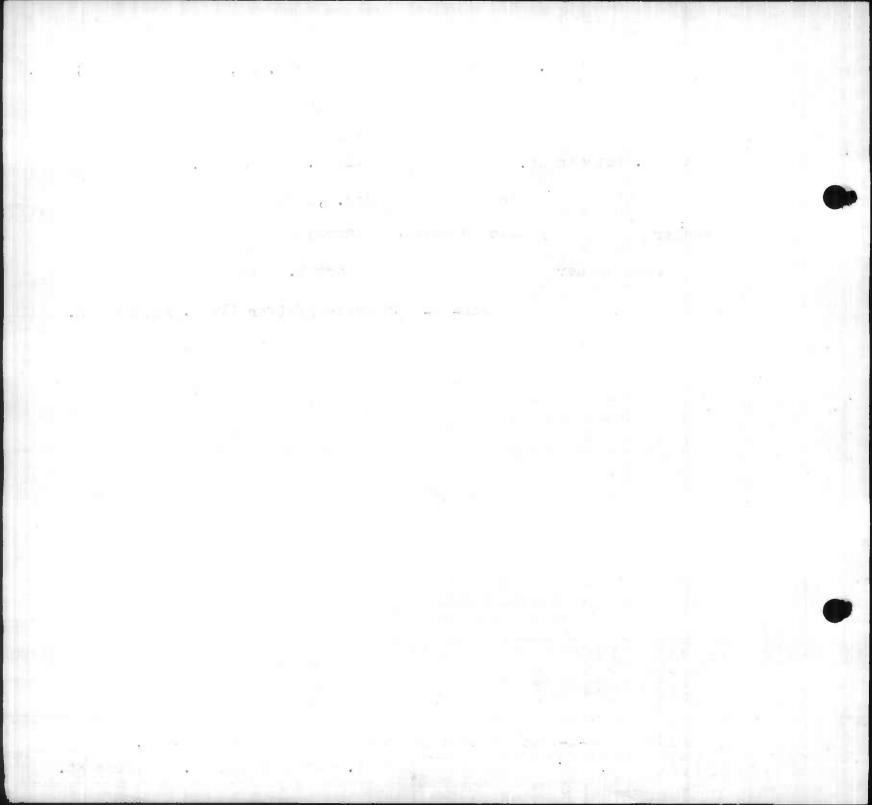
15 00016	BALTIMORE CITY	HEALTH DEPARTMENT	05 4450			
BIRTH NO. 65-03015 65 13	L50 CERTIFICA	TE OF DEATH X Registered No	<u>65 115U</u>			
Type or Print BABY BOY RIT	TER SHOFEK	2. DATE AND HOUR OF DEATH	(985 10:25 pm.			
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	titution: residence before admission)			
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or lacation) INSTITUTION	on, give street	C. CITY OR DOWN, (If outside city limits, write RI Baltimene # 34	URAL and give township)			
MERCY HOSP 177	12	D. STREET ADDRESS (If rural, give location) 8428 Oak Leigh K	d .			
Male White Su	1/2	Jew - 24 267 Josephan	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired) Wifant	OF BUSINESS OR INDUSTRY	Baltimore Md.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHERS NAME	To shorter	14. MOTHERS MAIDEN NAME				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (Itt yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No -	NONE.	FDW. S. KITTERSHOFER	8433 COAKLEIGER			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ashenic, etc., lit means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF home, form, factory, street, affice bldg., injury occur? (A) Cupriativity depression Should be presented the northead of the control of the control of the presented of the presented of the control of the presented of the pr						
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?				
BURIAC 1/20/65	e. (1) (We) (did) (did nat) of the physical M.D. Att. Phy	ending Med. Stoff Phys. M 23D. ADDRESS Mercy Homital Publication	19 68 nian death accurred an the date 238. DATE SIGNED January 27, 465 timore MJ, y, town, or county (Stote) ADDRESS CS2/Johl Money J			
V\$ 150-REV. 1/1/65			1 Oto 100121801			



VS 151-REV. 1/1/65

V.S. 153 & Lettersfrom M.E.'s Office 2-15-55 M.H. 2-17-65

VS 150-REV. 1/1/65



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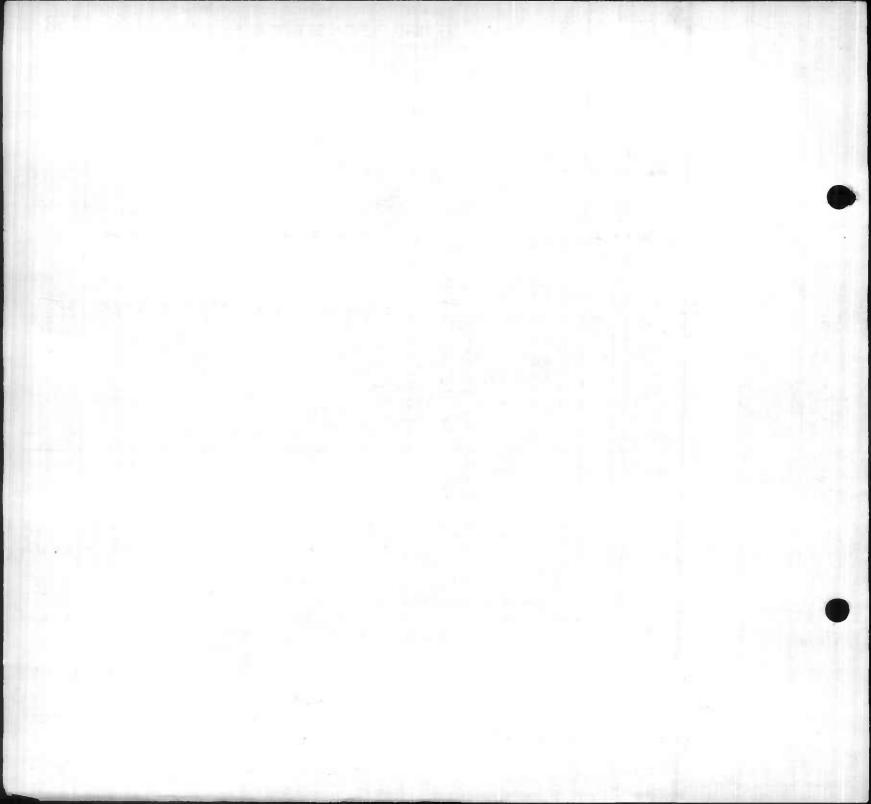
the body was released

must

Undetermined cause; (5)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 30 165-3. PLACE OF DEATH IN BALTIMORE, MARYLANE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION MARYLANE (If not in haspital or institution, give street oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) 3302 MCELDERRY STREE mad 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours Min. WIDQWED, DIVORCED (specify) lost birthday Hours 10-26-98 to. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewire HUNGARY USUA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FOGE BARBERNI 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 1 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. 0 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, a.g., hearl foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) included lucter acidosis ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, to the obove cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE O Cemphe DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21°C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) MEDICAL DEATH (natify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 196 5 pe that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and haur and from the couses stated above. (1) (We) (fid) (did nat) view the bady ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending Phys. M.D. Med. Director approval 23C/PHYSICIAN'S 23D. ADDRESS NAME (Type) Johns Hopkins Caldw 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY CREMATOR REMOVAL (Specify written

CCHCP



A A 3 A	BALTIMORE CITY	HEALTH DEPARTMENT		75 4354
ыкти но. 65 1154	CERTIFICA	TE OF DEATH	Registered No.	5 1154
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
(T 8: 1)	etz	29 6	INUARY 196	51 2:10 DM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	16 62	4. USUAL RESIDENCE (Where de		
		A. STATE B. CDUNTY	D //	
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	Naryland	, D4/+In	verc
INICOLUTIONAL	11		city limits, write RURA	L ond give township)
Maryland General	Hospital	Keisterstow	n	5370
Margiana Central	30		give location)	
		8 Cherryhi	11 Court	
S. SEX 6. RACE 7. MARR	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years If	Under 1 Yr. If Under 24 Hrs.
	WED, DIVORCED (specify)	October 15.188	birthdoy 79	nms Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KINE	dowed D OF BUSINESS OR INDUSTRY			CITIZEN OF
done during most of working life, even if retired)		20 1 /	,	WHAT COUNTRY?
Housewife	N/A	Maryland		U34
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Richard Lintline		7 Emma Hoffm	nan	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.		8 C1	nerry Hill CT
No	None	Leonard J. Don	eski, Rei	sterstown, Md
18. 1 9 9	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 1		ONSET AND DEATH
LEADING TO DEATH	Cor	ebral Artery	Throm Sosis	5 days
(This does not mean the mode at dying,	e.g., DUE TO			3 7 3
heart failure, asthenia, etc. It means the dise	ase,	1 1.01	/	
	Atter	oscleratic Cardia	V6504 65	
ANTECEDENT CAUSES	DUE TD			*
DISEASES OR CONDITIONS, if any, give		Disease	-	
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)			***************************************
4.4				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES WERE FIND	INGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F	OR WHIGH GIERAHON	N/O IN	CERTIFYING CAUSES	OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C WHERE DID	Ut in Rollimore Cit	(give exact lession)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	tit iii votilmore Cir	, give exoct location)
DEATH (notify medical examiner)	etc.)			
D 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?	
S (APPROX.)	While At Not Whi			
(Arthorn	Work At Work			
22. I certify that (I) (this haspital) ottend	ed the deceased from	24 anuety 19	65 10 2	9 - KRUGT 419 65
that (I) (we) lost sow the deceased alive	on 29 Junua	7 19 6 5 and that is	n (my) (our) opinion	death occurred on the date
and hour and from the causes stated abov		/		
23A. SIGNATURE	(0.0) (0.0) (0.0 10)	The bady offer deaths	1228	DATE SIGNED
74 1:0	M.D. Att	ending Med. Med. Stoff		21 , -
1 Silley	Phy			9 Junuary 63
23C. THYSICIAN'S NAME (Type)		23D. ADDRESS	. 1	
1. (- Tillou	M.D.	Mary and Com	parel H	050,661
24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City, to	wn, or county) (Stote)
REMOVAL (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Cedar Hill Ce	metery Balt	imore, Ma	ryland
	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	4/	ADDRESS
FEB 1 1965 (12.0)	of E. Jankey M.A.	H. J. Schlane	of Owing	s Mills, Md.
VS 150-REV, 1/1/65		111		



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Such

BALTIMORE	CITY	HEALTH	DEPARTMEN	11
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				BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	5 1155		CERTIFICA	TE OF DEATH	Registered Na	-65 1155
1. N	AME OF DEC	EASED			2, DATE	AND HOUR OF DEATH	1
		Evelyn	Smith		Ja	nuary 29, 196	55 12:45 A
3. 1	LACE OF DE	ATH IN BALTIMORE MA	RYLAND	2-10-65	A. STATE B. CO	Where deceased lived. If	institution: residence before admission
F	TUTION		of institution,		Maryland		X
1	NSTITUTION	oddress or locotio			C. CITY OR TOWN (II	foutside city limits, write	RURAL and give townshipt
1		Baltimore		-	Baltimore		0-06
1		4940 East			D. STREET ADDRESS	(If rurol, give location)	· ·
				and 21224	1109 DeMarc		
5. \$	Female	6. RACE White	WIDOWE	, NEVER MARRIED D. DIVORCED (specify)	7-16-20	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		THE STATE OF THE PARTY OF THE P		F BUSINESS OR INDUSTRY		4 4	12. CITIZEN OF
	e during most of	working life, even if retired)				Torong Cooming	WHAT COUNTRY?
10	rivet		Marti	Lm Co	West Virgi		USA
13.	FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
	Frank	Rinehart			Sara ?		
15. (Ye:	Was Deceased	Ever in U. S. Armed For	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		WW II		235343223	RECORDS: BCH	4940 Eastern	Avenue 2122/
	18. / 7/	XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	/This days	LEADING TO DEATH	Alter Sala	(A) Car	cinoma of Ce	ryix	23 years
	heart failure,	nal mean the made of asthenia, etc. It means	the disease				
		nplication which caused ANTECEDENT CAUSES		(B)			
				DUE TO		*******************************	00 a Arman and an arman 0 a a a anna ý g á a a a anna ý ún an a annárá á ý ann ú0 ú0 0 0 p, 0 0
	rise la lh	OR CONDITIONS, if a bave cause (A) G CONDITION last.				***************************************	
	ONDEREITING						
ATION	TO THE D	FICANT CONDITIONS C	ATED TO TH	JE	ohric Abscess,		Kidney ing 3 months
CA		OPERATION 198 CON			20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
ERTIFIC	1	WAS PER	FORMED				AUSES OF DEATH?
CE	21A. ACCIDE	NT WAS UNDERLYING		B. PLACE OF INJURY (e.g., i	NO n or obout 21 C. WHERE DIE	O (II in Boltimo	re City, give exact location)
CAL	DEATH (notily	JTING CAUSE OF medical examiner)	hor	me, form, factory, street, of	fice bidg., INJURY OCCUR	?	
144	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
8	(APPROX.)		Wi	nile At Not While	e		
	22, I certify	that (1) (this hospital	l) attended t	the deceased from Oc	tober 13.	19 6/ to Jar	nuary 29, 19 65
	that (I) (we)	last saw the decease	ed alive an	January 28 29	9th 1965	that in (my) (aur) an	Unian death accurred an the day
				l) (We) (did) (did not) v			midi dedili decorreg an me da
	23A. SIGNATU		ied abave. (i) (iie) (did) (did not) v	lew the body after dea	īn.	23B, DATE SIGNED
			cinto C	ruz M.D. Atte	ending Med.	Stoff Phys.	1-29-65
	23C. PHYSICIA NAME (T		Ther		23D. ADDRESS 4940 Easter		224
24A	BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE			City, town, or county) (State)
I	Burial	Specify) 2-I-65		tional Ceme		Baltimore	

Robert E. Farbey M.A. 1965 FEB 1

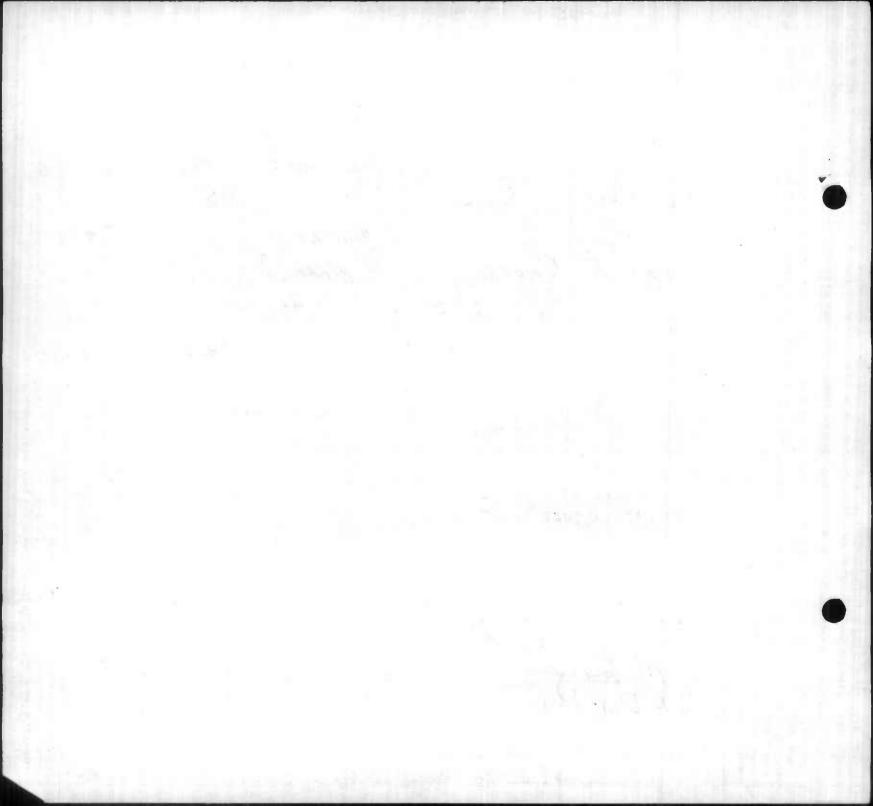
1005 Dundalk Ave Valter Dabrowski

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

M.H.

65 115	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 1156
BIRTH NO.	CERTIFICA	ATE OF DEATH Re	gistered No. DJ 1100
I.NAME OF DECEASED	HOWARD	2. DATE AND HO 2/1/65	UR OF DEATH
3. PLACE OF DEATH IN BALTIMOR	E MARYLAND	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence before admission)
HOSPITAL OR address or	aspital or institution, give street lacation)	MARYLAND C. CITY OR TOWN (If outside ci	ty limits, write RURAL and give township)
INSTITUTION () NOT VERS /TI	HOSPITAL	BALTIMORE	
		10111	e Ave
5. SEX 6. RACE NEEKO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 2-9-89 9. AGI lost bij	th years II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind done during most of working life, even if r	of work 10B, KIND OF BUSINESS OR INDUSTR	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0.0
WILLIAM E	6NOSS	MARY	
15. Was Deceased Ever in U. S. Arm (Yes,no arunknawn) (If yes, give war	or dates al service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-07-709	19 HOSPIT	ML CHART
IB. 144 X		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION		A OF DOFT	PAZATE 10 MONTHS
(This does not mean the mo		ldanna dan dan dan dan dan dan dan dan da	<i></i>
injury or camplication which of	oused deoth.)	COSITIS OF THE	ESPHAUX O MARKETH S
ANTECEDENT CA	DUE TO	TO RADIOTHERAF	
DISEASES OR CONDITIONS	(A) stoting the		
UNDERLYING CONDITION IS	st.		
O OTHER SIGNIFICANT CONDITION			
TO THE DEATH BUT NOT	SING IT. MILE SING IT.	CLERCSIS	YEARS
= 1/2 2/14 W/	S CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE C	home, torm, loctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Bottimore City, give exact location)
O 21 D. TIME (Month) (Doy)		21 F. HOW DID INJURY O	CCUR?
E OF INJURY (APPROX.)	While At Not Wh		
22. I certify that (1) (this ha	spital) attended the deceased fram	81/26/64 19	10 2/1/65 19
that (() (we) lost sow the de	10/		(our) opinion death occurred on the date
ond hour and fram the couse	s stated above. (f) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE	M.D. A	ttending Med. Stalf	23B. DATE, SIGNED
23C.PHYSICIAN'S	M.D. Ph	thending Med. Staff Phys.	41/65
NAME (Type)	Janes M.D	11	40-01-101
24A. BURIAL CREMATION, 24B. DA	THE 24C. NAME OF CEMETERY OF C	UNIVERSAI!	ON (City, town, or county) (State)
REMOVAL (Specify)	11- Last Plans	1	a Amelal to be
25A. DATE REC'D BY HEALTH DEPT	. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS A
FEB 1 19	65 Robert E. Jarkey M.A	Skorge & Kelson	1348 N. Calhon 54
VS 150-REV. 1/1/65			



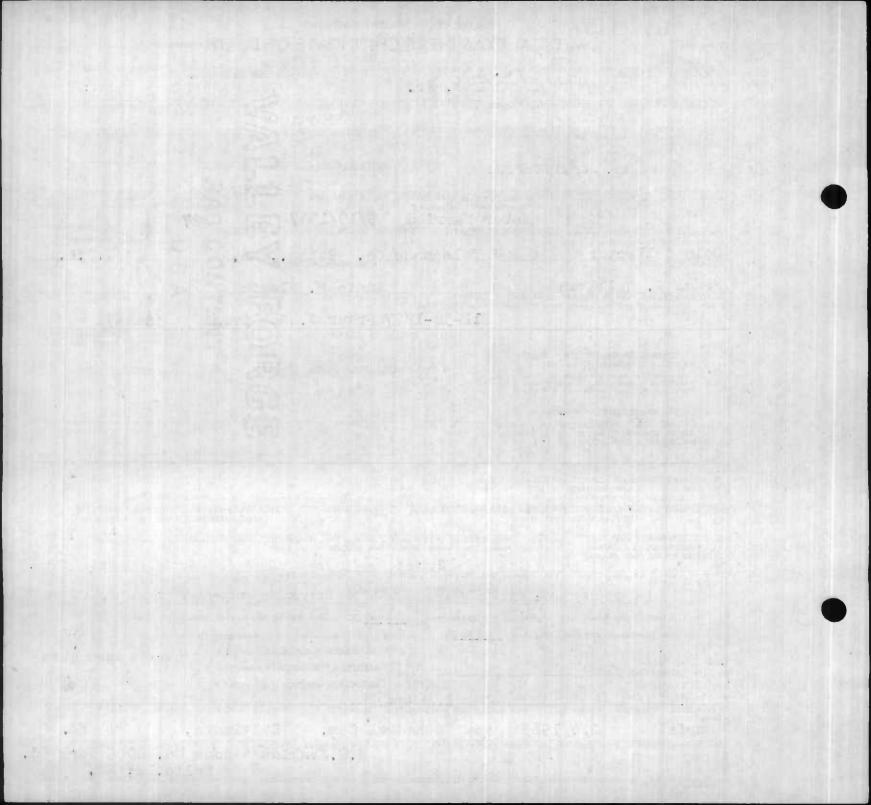
6	5 1157	BA	ALTIMORE CITY HEAL	TH DEPARTMENT		00	3 1137
BIRTH NO.	MED	ICAL EXA	AMINER'S CI	ERTIFICATI	OF DEATH Reg	gistered No	
M.E. CASE NO.		_					
1. NAME OF DI	ECEASED FRAN	CIS SULL	IVAN, Jr.	2	January 31,		12:30 A.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	A. STATE	CE(Where deceased lived. I	f institution: resid	lence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN	land (If outside corporate limits, imore	write RURAL on	d give township)
7	ST. AGNES	HOSPITAL		D. STREET ADDRE	SS (If rural, give location)	100	
5. SEX	6. RACE	7. MARRIED. N	EVER MARRIED	B. DATE OF BIRTH	Medford Avenue		1 Yr. If Under 24 Hrs
Male	White	WIDOWED, DI	vorced(specify) Married	5/19/193	lost birthday		Doys Hours Min.
	CUPATION (Give kind of wor f working life, even if retired)			11. BIRTHPLACE (SI	ate ar foreign country)	12. CITIZE	N OF T COUNTRY?
	llector	C & P	Telephone	Co Bal	o. Md.		U.S:A.
15. WAS DECEAS	Sullivan	FORCES?	6. SO CIAL	Annie M.	Flavin	ADDRESS	
(Yes, no ar unknaw	vn) (If yes, give war ar dote		\$ECURITY NO. \$2-34-1977	Frank J.	Sullivan	(Same	E)
DISEASES RISE TO T UN DERLY	LEADING TO DEATH individual mean the mode individual mean to make and complication which caused ANTECENDENT CAUSI S OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	dying, e.g., s the discose, deoth.)	(A) Cran: DUE TO (B) DUE TO (C) (C)	iocerebral	injury		
OI I	11		WILL WITH				
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE		•••••			
19A. DATE C	OF OPERATION 198, CON		HICH OPERATION	Yes	Yes or No. 208. IF YES, WE IN CERTIFYING		
UNDERLYING UNDERLYING	AL CAUSE WAS STOR CONTRIB- USE OF DEATH.	home, etc.)	Street	ffice bldg., INJURY	ERE DID (If in Baltimare Ci DCCUR? Leside Ave. & S V DID BURY DEGUR?		
OF INJURY	(Manth) (Day) (Yea 1 31 65 1	2:10A m. Wh	LE AT NOT		ver/in auto-fir		
22.	ertify that I held on I				hot on this bosis, deoth		
	ulted from: Notural co		cident* Suicide				
ACTU	AL Clother	E. 1.	1.		DICAL EXAMINER		DATE SIGNED
SIGNA	TURE TO THE TOTAL TO THE TOTAL	1410		ASSOCIATE ME	DICAL EXAMINER X		1-31-65
23A, BURIAL CR	(Type)	J	Ohn E. Adams	M.D.	23D. LOCATION	(City, tawn, or c	county) (State)
REMOVAL (Spec Burial			ew Cathedra		Baltimore		Md.
24A DATE DECL	D BY MEALTH DEST	DAN MANAGO	PECICIONA	O/C PUNERAL	-		Donnes

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H.W.Jenkins & Sons Co. 4905 York Rd.

Balto.12, Md.

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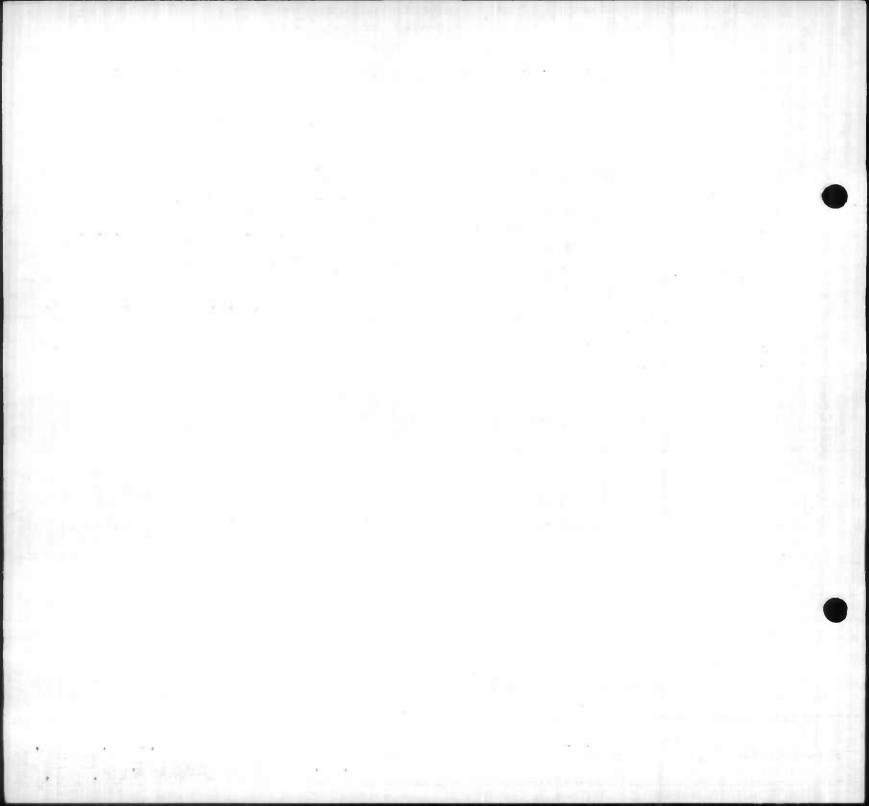
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 1158 BALTIMORE CITY HEALTH DEPARTMENT 65 115	Q
BIRTH NO. CERTIFICATE OF DEATH Registered No.	O
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Pfinit) GARDNER, MRS. MABEL PUTTS 2/1/1965 - 8:15 A.M.	M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before a STATE B. COUNTY	re odmission)
FULL NAME OF HOSPITAL OR Oddress or location) (Il not in hospital or institution, give street oddress or location) (Il not in hospital or institution, give street oddress or location) (Il not in hospital or institution, give street oddress, with the control of the control	nip)
D. STREET ADDRESS (If rurol, give location)	
KESWICK 700 W. 40th Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 3-17-1883 81 yrs. If Under 1 Yr. If Under	Index 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY	Y?
Housewife Baltimore, Fig. 0.5.A.	
13. FATHER'S NAME	
J. William Putts Mary Meredith	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO.	
No None Mary DiPaula, R.N. 700 W. 40th	St.
18. 45001 CAUSE OF DEATH INTERVAL B	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	•
head failure asthenia etc. It means the disease	
injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C) Occurredayed authorisely.	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C) Occurreday autrice's Chicago	
UNDERLYING CONDITION last.	
Z II	
OF TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSED TO THE DISEASE OF CONDITION CAUSED TO THE DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 198. CONDITION CAUSES OF DEATH?	D
OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine) CAUSE OF CAUSE OF	ion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) While At Work At Work	
	19.6.5
0 1	
that (I) (we) last saw the deceased alive an	an the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
228 SIGNATURE	
23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 2-1-6	
E. Heurbrullan Jr. M.D. Attending Med. Stoff Phys. 2-1-68 23C. PHYSICIAN'S 23D. ADDRESS	
E. Heustrullan Jr. M.D. Attending Med. Stoff Phys. = 2-1-68 23C. PHYSICIANS NAME (Type) E. Heunter Wilson, Jr. M.D. 803 Medical arts Bld., Ba	106,40
E. Heunbrullian Jr. M.D. Attending Med. Stoff Phys. 2-1-68 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	(Store)
2-1-68 23C. PHYSICIAN'S Phys. 23D. ADDRESS E. Heinter Wilson, I. M.D. 803 Medical arts Bldy., Ba 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, of county)	106,40

VS 150-REV. 1/1/65

1300 Uplent C. Montey Mill

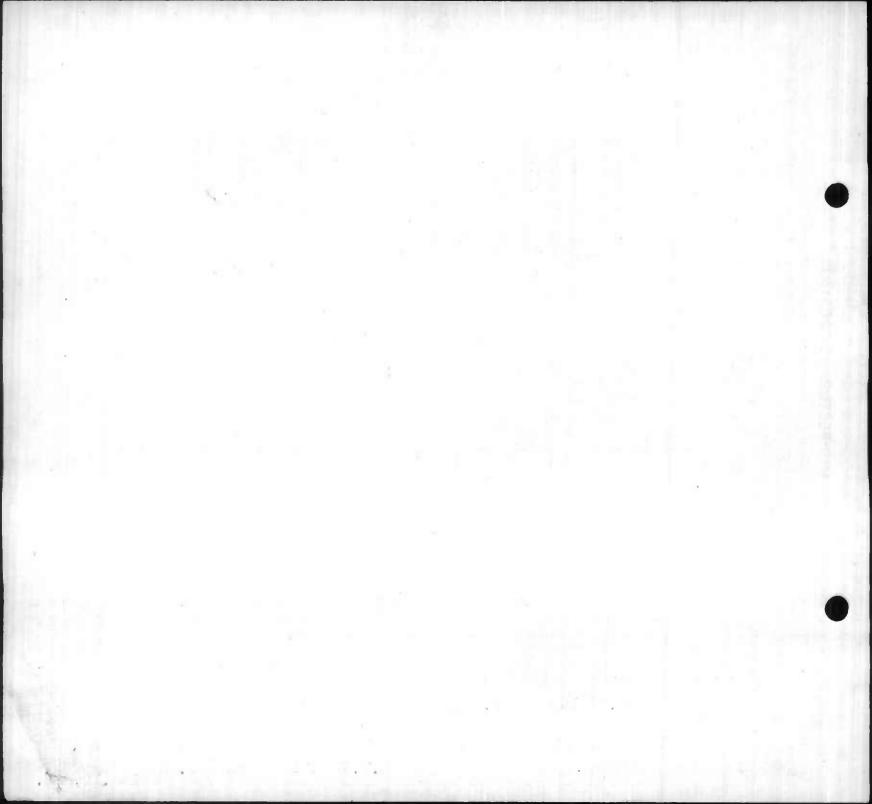
4905 York Road Balto. Ma.



was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance an the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased prior ta death. Such written approval must be obtained befare the remains are embalmed ar final dispositian is made. This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT the bady was released to the hospital by a medical examiner.

	BALTIMORE CITY HE	ALTH DEPARTMENT		OF 4450
BIRTH NO. 65 1150	CERTIFICATE	OF DEATH	Registered Na	65 1159
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) RERIUM. A. R.	VRNES	TAN	31 1965	16:30 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Å.	STATE B. COUNT	Y	ution: residence before odmission)
FULL NAME OF (If not in haspital ar institution, give HOSPITAL OR oddress ar lacation)	street C.	MARY LIAND CITY OR TOWN (If outsi	ide city limits, write RUR	RAL and give township)
	D.	BALTIMOR STREET ADDRESS (If ru	trol, give lacation)	
UNION MEMORIAL HOSPIT	AL		RENKUOOL	DAVE
5. SEX 6. RACE 7. MARRIED, NEW WIDOWED, D	IVORCED (specify)		ost birthday)	If Under 1 Yr., If Under 24 Hrs. Nonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUILdone during most of working life, even if retired)	SINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
HOUSE WIPE OWN	HOME	MARYLANI MOTHER'S MAIDEN NAM		USA
13. FATHER'S NAME			,	
JAMES BARNES		MarthA-	- HAR GAC	K
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give war or dates af service)	SOCIAL SECURITY NO. 17.	INFORMANT		ADDRESS
1/2		Chartnun	YION MEM.	HOSP.
18. 2 2 / V	CAUSE OF D			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	n .	0 1.		
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) CERI	= bral he mo	rshage	35 hrs and 10 min
hearl failure, asthenia, etc. It means the disease,				
injury or complication which coused death.) ANTECEDENT CAUSES	(B) Secundo	on to cerche	el atheroxia	Pulo .
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the above couse (A) stating the	(C)			
UNDERLYING CONDITION Iasi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Lie Cardioves. de		
198. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLA	CE OF INJURY (e.g., in ar arm, foctory, street, office	about 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exect lacotion)
O 21 D. TIME (Month) (Doy) (Year) (Haur) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
While A Wark				
22. I certify that (4) (this hospital) attended the d	leceased fram JAI	V 30 19	65 to Da	3/ 1965.
that (1) (we) last saw the deceased alive an	pn 31	19.65 and tha	t in(my) (out) apinio	an death accurred an the date
and haur and fram the causes stated above. (i) (4	te) (did) (did not) vlev	the bady after death.		
23A. SIGNATURE	A		/	3B, DATE SIGNED
Eller and Dagon Mil	Phys.	Director P	hys.	Jan 31 1965
23C-PHYSICIAN'S NAME (Type)		- ADDRESS		les son on a
Dr. Ellan Ann D.	1 - 0	nion Memo	rial Hapit	ail, Balto. Ind
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY OF CREMA	ATORY 24D. LO	CATION (City,	tawn, or county) (State)
	timore Ceme	terv Ba	ltimore.	Md .
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB I 1965 Robert E. Farle	MAN H.	Jenkins &	sons Co. 4	905 York Rd

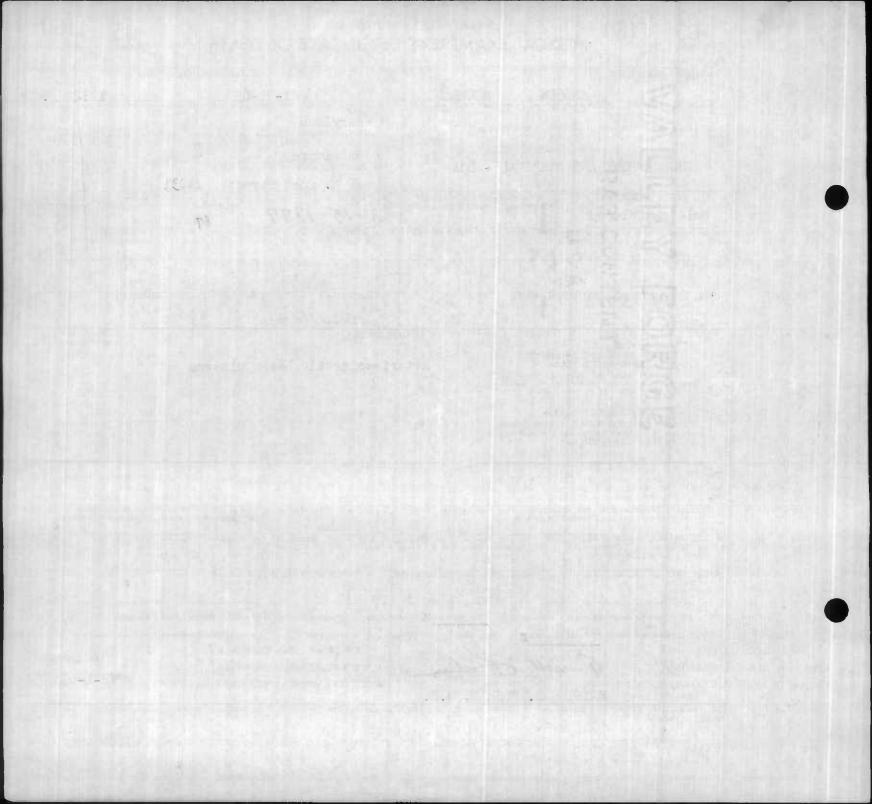
VS 150-REV. 1/1/65



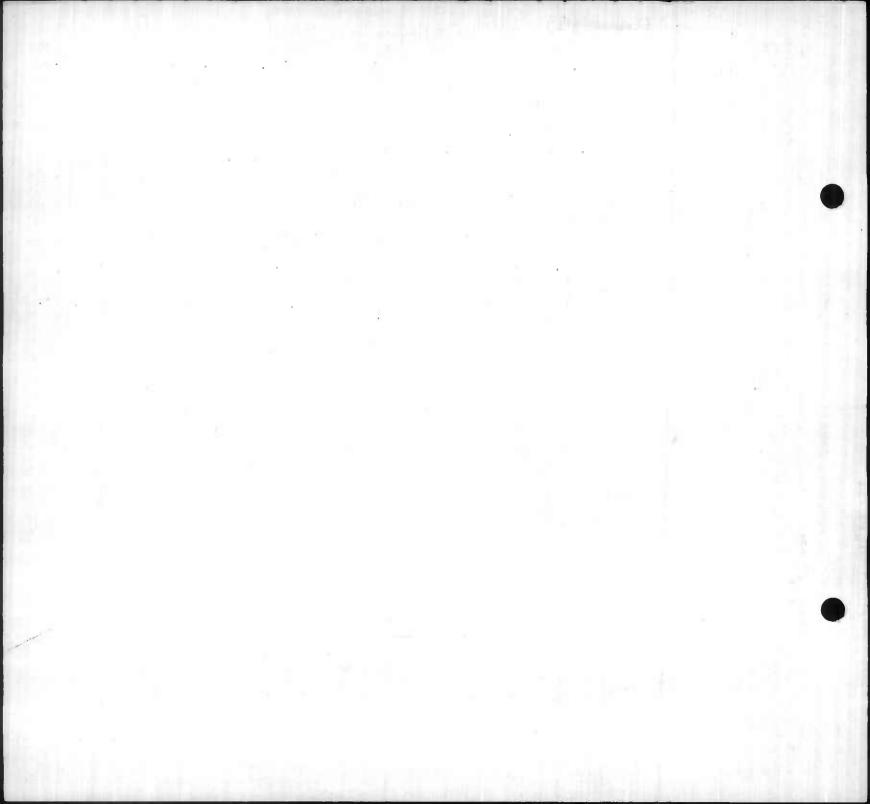
PAR NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT

24C FUNERAL DIRECTOR

VS 151-REV. 1/1/65

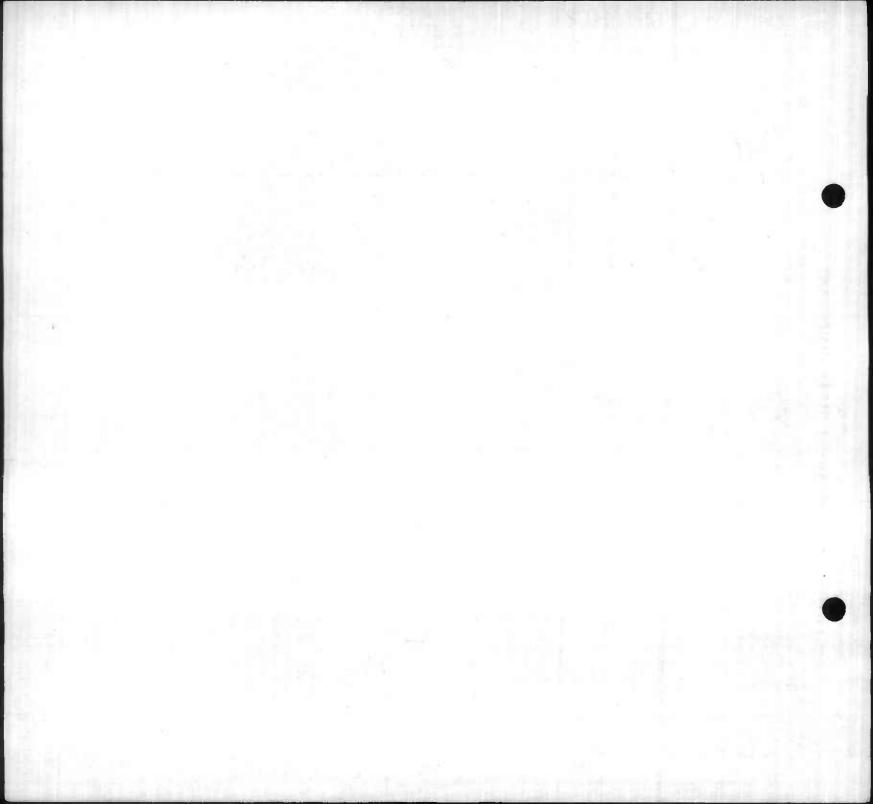


/ 1	2.702	8 8 1	BALTIMORE CIT	Y HEALTH DEPARTM	MENT	05 1101 6
BIRTH NO. 64.	32883 65	114	CERTIFICA	ATE OF DEA	TH Registered I	No. 65 1161
M.E. CASE NO.					DATE AND HOUR OF DEA	ATI
(Type or Print)	Anna M. Ho	hr en		2. L	January 29. 19	201
3. PLACE OF D	EATH IN BALTIMORE MA			14. USUAL RESIDENCE	•	If institution: residence before admission)
					B. COUNTY	
FULL NAME HOSPITAL OF	OF (If not in haspital R address ar location	or institution,	give street	Marylan		rite RURAL and give township)
	839 Belgin	Ave.		Baltimo	re	
	Balto. Md.			D. STREET ADDRESS 839 Bel	gin Ave.	
S. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. , If Under 24 Hrs.
Female	White	Baby	DIVORCED (specify)	11/30/1964	last birthday)	Months Days Hours Min.
	CUPATION (Give kind of work	10B. KIND C	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stot	te or tareign country)	12. CITIZEN OF
done during most	al warking lite, even if retired)		27/1	Manual an	a	WHAT COUNTRY?
13. FATHER'S N.	N/A		N/A	Marylan		
13. PAINERS N						
	Donald G.	Howard		Pauline	E. Crim	
	ed Ever in U. S. Armed Far wn)(If yes, give war ar date		1 6. SOCIAL	17. INFORMANT		ADDRESS
N/A	with yes, give wor or one	3 OF SERVICE	N/A	Sarah B.	Crim 3528 Bu	ena Vista Ave.
1B / C	22 1			OF DEATH		INTERVAL BETWEEN
Dise	ASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
Dist	LEADING TO DEATH	ECILI		Prouma	114	2 day
	nat mean the made of					
	e, asthenia, etc. It means amplication which caused		,			
	ANTECEDENT CAUSES		(B)			
DISEASES			DUE TO			
	OR CONDITIONS, if the above cause (A)					
UNDERLYII	NG CONDITION last.			**************************************		
_	II					
O THER SIG	NIFICANT CONDITIONS C					
V DISEASE O	R CONDITION CAUSING I	Т.				
U 21A. ACCID	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Y	es ar No. 20B, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIE	BUTING CAUSE OF	21	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21 C. WHER	E DID (If in Bolti	imore City, give exact location)
DEATH (not	ify medical examiner	ete		onice bidg., INJURI OC	CO K:	
0 21 D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
S OF INJURY			hile At Not Wi		DID HIJORI OCCOR.	
(APPROX)			ark At War			0
22. I certi	fy that (1) (this hospital) ottended	the deceased from	you. 2	6 19 65 to	1965
that (I) (w	e) lost sow the decease	d olive an	Dey . 7	6 19 64		opinion death occurred on the date
and hour o	and from the causes stat	ed obove.	(I) (No) (did) (du)			
23A. SIGNA			(1) (1) (1)	View The body offer	060111.	23B, DATE SIGNED
	Realer CAT	1	M.D. A	ttending Med.	Stoff	1-29-65
22.5 2419515		3	Pi	nys. Direct	lor Phys.	1-29-63
23C. PHYSIC NAME	(Type) REUBEN	HOF	FMAN M.	23D. ADDRESS 0. 846	Co. 36B	St., BALTO., MD.
24A. BURIAL C		24C. N	AME of CEMETERY OF C	REMATORY	24D. LOCATION	(City, town, or county) (State)
Burial	1 1 1 1 1 1 1	65 G	reen hill		Berryville.	Clark Co. Va.
	'D BY HEALTH DEPT.		OF REGISTRAR	250. FUNERAL D		ADDRESS 11
	FEB 2 1965	Robert	J E. Jankey M.A	tras	ik I Slid	3 814W36 1 Sh
VS 150-REV. 1/	1/65				1.	1



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	CE 4409	BALTIMORE CITY	Y HEALTH DEPARTMENT		CE 4400
	н но. 65 1162	CERTIFICA	ATE OF DEATH	Registered No.	65 1162
1. N	AME OF DECEASED CLINTON JACK.	son		HOUR OF DEATH	10:00 4
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If in	stitution: residence before admissi
	FULL NAME OF (If not in hospital or institution, g	ive street	Mde	No.	12-04
	HOSPITAL OR oddress or location) NSTITUTION	71	C. CITY OR TOWN (If outsi	de city limits, write l	RURAL and give township)
	St. Josephis Hosp	25/4-1	D STREET ADDRESS (III III	Crol, give location)	
				Led St.	
5. S		NEVER MARRIED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Months Doys Min
	. USUAL OCCUPATION (Give kind of work 108, KIND OF		1 11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
- 1	e during most of working life, even if retired) Constr.	uction	Chestenfield	. S.C	4.SA
	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
	JOE JACKSON		Mahilia .	lacobs	
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dates of service)	SECURITY NO.	BESSTE JACKSON	-2917 W.	NORTHANE.
	1B. 4130 1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			×/ /	/
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) AL	ute Cokonary	rono	DSIS preston
	heart failure, asthenia, etc. It means the disease,	902 10			
	injury or camplication which caused death.) ANTÉCEDENT CAUSES	(8) (-01	Romany Cup	uffrice	3 - 4 mis
	DISEASES OR CONDITIONS, if any, giving	DUE TO		4)	
	rise to the above cause (A) stating the	(c)	. C . U . Y)		Jons
	UNDERLYING CONDITION lost.				V
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED. TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFICA	19.4. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	e, lorm, factory, street, c	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct focation)
ā		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	OF INJURY (APPROX.) Whit	le At Not Whi	ile 🗌		
	22. I certify that (1) this hospital) ottended th			16 10 /-	28- 1965
	that (I) (we) last sow the deceased alive an		8 19 65 and tho	in (my) (aur) opi	
	and haur and from the causes stated obever (1)				
	23A. SIGNATURE				238. DATE SIGNED
	Knosh Valey	M.D. Att	tending D Med. Director P	toff thys.	1-29-65
	23C. PHYSICIAN'S NAME (Type)	424WA M.D.	23D. ADDRESS /21. //.	Lowingi	for for #
244		ME of CEMETERY OF CR	REMATORY 24D. LO	CATION IC	ity, town, or county) (State
1	1 2-6	H. Auburn	B	4HO, - 1	Md.
25A	DATE REC'D BY HEALTH DEPT. 258. NAME O		25C. FUNERAL DIRECTOR	1735 HAN	RFORD AVE
	FEB 2 1965 Rest	REGISTRAN	MARSHAIL W:30		LUNC AVE
VS.	150-REV. 1/1/65		Transanti v		



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0	A	reo	nou	att	Ime
ner	ler.	actu	pro	lar	nha
ami	min	A fre	ho	egu	9 0
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ned	odice	bur	hysi	3	-
ef	E	dy	9	Cia	ho
ch) X	Bo	+ th	hys	. 04
the	alk	; (2	nere	0	200
l by	spit	ure	*	S	100
Ved	ho	nat	des	P	S. F.
approved by the chief medical examiner or his assistant if death occurred in a hospital anc	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	if any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	il (except where the physician who pronounced death was in regular attendance on the	1); and (6) No physician was in regular attendance on the deceased prior to death. Sucl	about the charge of the sample are ambalmed or find disposition is made
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D.O.A. shows: (1)

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accident

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) Charles Harper /28/65 10:00 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY HOSPITAL ORF CANTES Maryland CACITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give lacation) South Baltimore General Hospital 726 S. Hanover Street 5. SEX 8. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9, AGE (In years 9. AGE till last birthday 57 If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) Male Colored 17/28 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Harper 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION fast. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Ū 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) EDI 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Wark 1/27/65 1/28/65 22. I certify that (1) (this hospital) attended the deceased from ond that in (tax) (aur) apinion death accurred on the date that XI) (we) lost sow the deceased alive on..... 1/28/65 .19 and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Ilrnut approval Director _ 23C. PHYSICIAN'S 23 D. ADDRESS LO-P. BONOVICH, M.D. KERMIT 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY decease REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

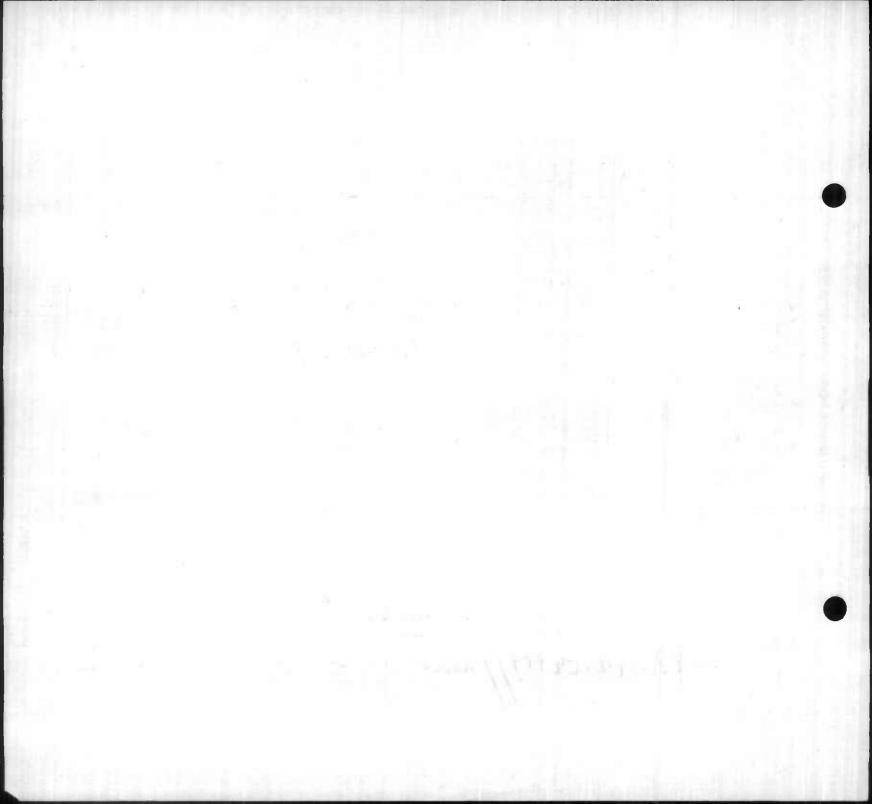
VS 153 signed by funeral director. 2/3/65

CE 4161	BALTIMORE CIT	Y HEALTH DEPARTMENT	CF 44C4
мятн No. 65 1164	CERTIFICA	TE OF DEATH Registered No.	. 65 1164
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MR Welling ton	TEFFER	SON 2. DATE AND HOUR OF DEATH	10625 A M
3. PLACE OF DEATH IN SALTIMORE, MARYLAND	OFITE	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE 8. COUNTY	institution: residence before odmissian)
FULL NAME OF (If not in hospital or institution, address or location) INSTITUTION	give street	MD	2 7 Ole RURAL and give township)
MARYLAND Gen. Ho.	coitan	BALTIMORE D. STREET ADDRESS (If rurol, give location)	
		4208 COTTMAN	AVa,
MOOWET	NEVER MARRIED D. DIVORCED (specify) RIED	3-15-1904 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) RETURN AD LUNCH	ROOM-	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME GILY Jetterson		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	GRACO Heblon	ADDRESS
fes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.		
118.		MRS. MARGARET JEFFERSON	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BR	20 NCHOPNEWTONI	A ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	-	ma o a a a o p e que ma a a a a o a a â a o a a a a a a a a a
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	DUE TO	277700 000 000 000 000 000 000 000 000 0	
DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) stating the	(C)		
UNDERLYING CONDITION last.	990 F S N S S S F F F F F F F F F F F F F F		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PULTON	MILE CARDIOVACE	LAN DISEASE
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	[20A.AUTOPSY? (Yes or No.) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hom	e, form, foctory, street,	in or obout 2 C. WHERE DID (If in Soltim office bldg., INJURY OCCUR?	ore City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	ile At Not Wh		
22. I certify that (1) (this hospital) ottended t	he deceased from	an 29 1965 to 8	en 31 1965
that (I) (we) last saw the deceased alive an	gam 310	19 and that In (my) (aur)	pinian death accurred on the da
and haur and fram the causes stated above. ((We) (did) (did nat)		
23A. SIGNATURE		tending Med. Staff	238 PATE SIGNED 1865
23C. PHYSICIANS NAME (Type) YOUNGSIX A	100N M.D.	23D. ADDRESS Markand Gen. Hosp 82	72 inden Ave. Balt
4A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME OF CEMETERY OF CI	EMATORY 24D. LOCATION	City, town, or county) (State)
BURIAL 2/3/65 MO,	PELAND M		DM
FFR 2. 1965	E Farber M.A	25C. FUNERAL DIRECTOR	B. O. ADDRESS D.
\$ 150-REV. 1/1/65		The service of works	De Vycester

Form on model sensit promise primare in 3,7

was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance an the deceased prior ta death. Such written appraval must be abtained befare the remains are embalmed or final dispositian is made. This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

65 1165	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 1165
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered No.	00 1100
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Lillie	Muhlhan	January 28, 1965	5 P.M. M.
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: lesidence before odmission)
FULL NAME OF (If not in hospital or	institution give street	Maryland	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
Melchor Nursing	Homo	Baltimore	1-03
		D. STREET ADDRESS (If rurol, give location)	
2327 N. Charles		2527 Eastern Ave.	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
	Widowed	April 28, 1884 80	
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working lite, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John M. Bensel		Margaret Kopp	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESPerry Hal
No	217-07-3129	Mrs. Marguerite M. Sauers,	Pepper Hill Rd. Mc
18. 2244	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	CTLY		ONSET AND DEATH
LEADING TO DEATH	(A) Cer	ebal arknocherosis	Sudefung
(This daes not meon the made of d heart foilure, osthenia, etc. It means th	ying, e.g., DUE TO		
injury or complication which caused de	eath.)		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if one	y, giving		
UNDERLYING CONDITION lost.	iding ine (C)		
11			
OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.			
		120A ALEROBENA (V N) 20B IF WE ALERO	SIND NOS CONSIDERAD
19A. DATE OF OPERATION 19B. CONDI-	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 121A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID IIf in Boltimor	re City, give exect lecetion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
U	Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Wh		
(APPROX)	Work At Wor	k 🗀	
22. I certify that (I) (this hospital) (- 1	1	28 dell 1965.
that (I) (we) lost saw the deceased	alive on 7 8 Fau	0 J 19 ond that in (my) (our) ap	inion deoth occurred on the date
ond baur ond from the couses stated	l obove. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	NO.		23B, DATE SIGNED
Jan Wall	1 / / Munim.D. A	ttending Med. Staff Phys. Director Phys.	30 Jan 65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
John 1	B. De Hoff M.D	Northern Pkwy. & Loch Rave	en Blvd.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		ity, town, or county) (Stote)
Burial 2/1/65	First United Eva	an. Cemetery Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25			ADDRESS
FEB 2 1965 (Colub E. Farbuy M.D.	Ullrich Funeral Home 421	O Belair Road.
VS 150-REV. 1/1/65			



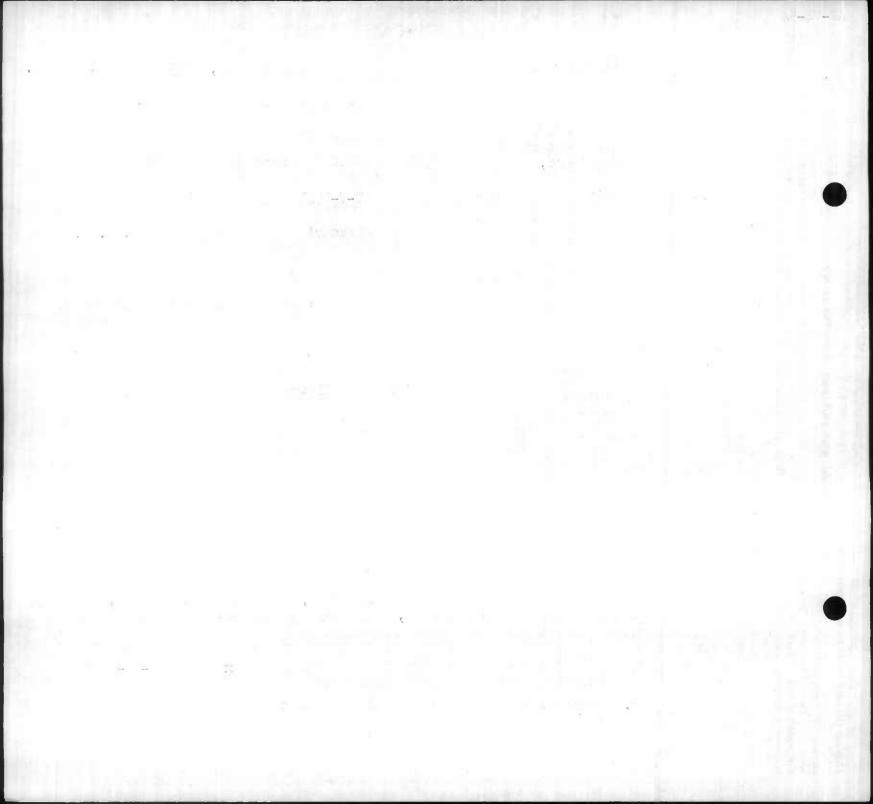
IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

by

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) January 29, 1965 8:05 A.M.
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE 8. COUNTY LO Ruth Epperson

3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance (4) Undetermined cause; (5) contributing cause (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write give township attend 0 INSTITUTION Baltimore City Hospitals Baltimore
D. STREET ADDRESS prior 4940 Eastern Avenue (If rurol, give location) occurred Baltimore, Maryland 21224 2820 Salisbury Avenue made. regular 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years lost birthdoy) B. DATE OF BIRTH Il Under 24 Hrs. 5. SEX If Under 1 Yr. Months: Doys Hours deceased Female White Married 7-7-1911 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) At home 2 Missouri U. S. A. Was 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME the William Burris Opal Bailev death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. attendance RECORDS: BCH 4940 Eastern Avenue 21224 any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH Probable Myocardial Infarction 1 Hour fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused deoth.) Diabetes Mellitus ? Years ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the obove couse (A) stoting the physician UNDERLYING CONDITION last. the remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 before to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where °Z DEATH (notify medical examiner) nature; be obtained (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) and Work Al Work any 22. I certify that (I) (this hospital) attended the deceased from January 29, 19 65 to January 29, 19 65 that (I) (we) lost saw the deceased alive an January 29. ____19___65____and that in(my) (aur) apinion death accurred on the date eath); of hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. the body was released must (1) An accident 23A. SIGNATURE 23R DATE SIGNED O Attending M.D. Med. Stoff 10 Director approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to 4940 Eastern Avenue Dr. Robert Cooke D.O.A. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) shows: Davis Family Cemetery removal Jan 30/65 Campbell Co Virginia Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home Dundalk Md. VS 150=REV. 1/1/65

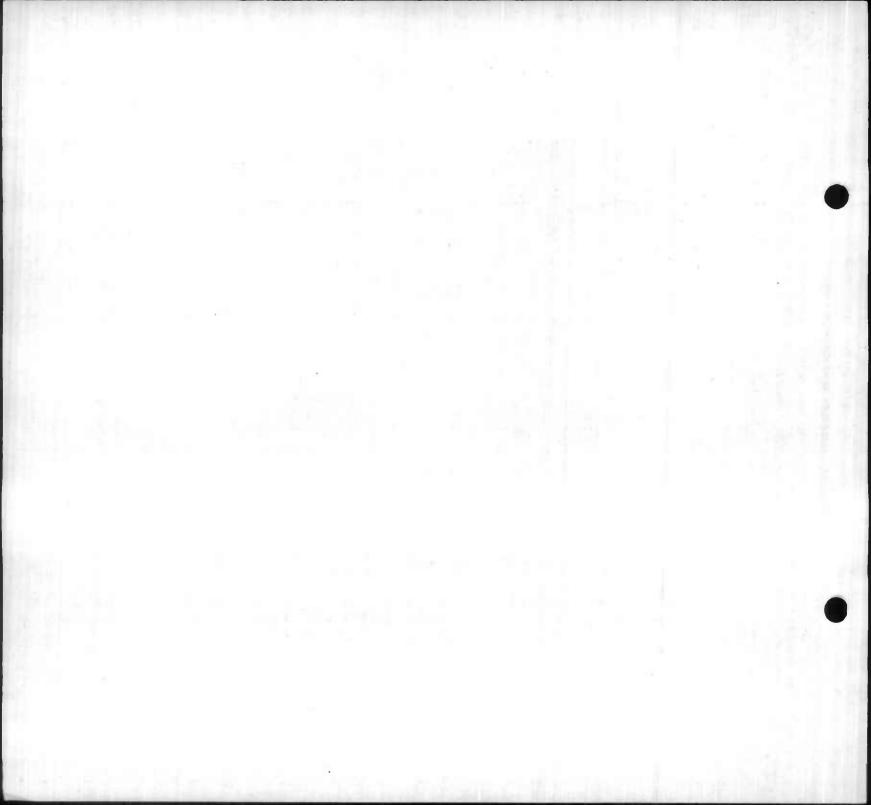


FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. Also, if the direct or contributing cause of death(This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

VS 150-REV. 1/1/65

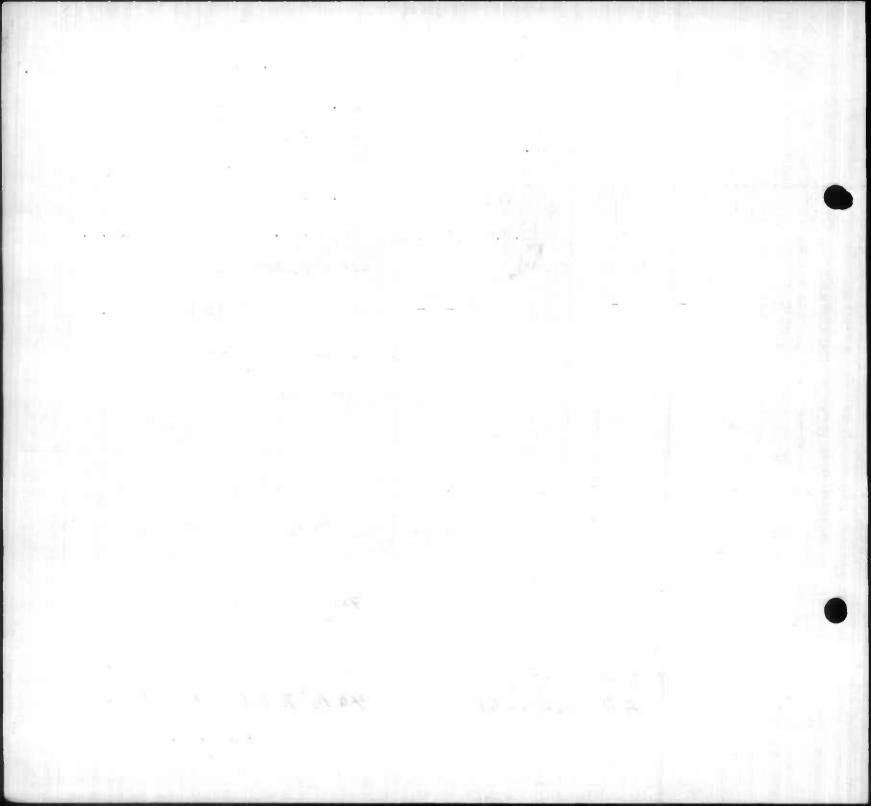
		BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	65 1167	CERTIFICA	TE OF DEATH Registered N	. 65 1167		
I. NAME OF	DECEASED		2. DATE AND HOUR OF DEA	тн		
(Type or Print)	Laura V.		January 28, 1965			
3. PLACE OF	DEATH IN BALTIMORE, MAS	WLAND	4. USUAL RESIDENCE (Where deceased lived. I	f institution: residence before admission)		
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location	or institution, give street)	Maryland c. CITY OR TOWN ((f outside city limits, wri	te RURAL ond give township)		
0	4220 White Av	re.	Baltimore D. STREET ADDRESS ((f rurol, give locotion)) 4220 White Ave.			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
Female	White	Widowed (specify)	Sept. 18, 1875 lost birthdoy 89	Months Doys Hours Min.		
	st of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME			
Aug	ustus Klages		Ellen Meyers			
-	osed Ever in U. S. Armed Force nown) (If yes, give wor or dote:	es? 16. SOCIAL	17. INFORMANT	ADDRESS		
No	nowniti yes, give wor or doles	s of service) SECURITY NO.	Mrs. Evelyn Andrae 4220 W	hito Arro		
18. 5	25 1	CAUSE C	OF DEATH	INTERVAL BETWEEN		
DI	SEASE OR CONDITION DIR	ECTLY	1 1 1	ONSET AND DEATH		
/This do	LEADING TO DEATH	(A) U	rebral thrombosis rioscluotic Cerebral Vas	8 hours		
heart lai	es nal mean the made al lure, asthenia, etc. Il means	the disease,				
injury ar	camplication which caused	death.)	riosclerotes Cerebral Vas	cular		
	ANTECEDENT CAUSES	DUE TO	disease			
	S OR CONDITIONS, il o lhe abave cause (A)					
UNDERL	YING CONDITION last.					
7	11					
E TO TH	SIGNIFICANT CONDITIONS CO E DEATH BUT NOT RELA OR CONDITION CAUSING IT	TED TO THE		11.00		
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	more City, give exoct locotion)		
21D. TIM OF INJUI	RY	(Hour) 21E INJURY OCCURRED While At Not Whi				
		Work At Work	A /	20 15		
	rtity that (I) (t his bospital (we) lost sow the decease	d alive on	170 1	opinion dooth occurred on the date		
		ed above. (1) (We) (did) (dld not)	view the body ofter death.			
23A. S/GN	NATURE	202	AA-J - Suff -	23 B. DATE SIGNED		
	Jaul & Muel	M.D. Att		1/29/65		
23C-PHY	AE (Type)	Mueller M.D.	6411 Belair Road			
24A. BURIAL	CREMATION, 248. DATE	24C. NAME of CEMETERY of CR		(City, town, or county) (State)		
	AL (Specify)			Md.		
25A. DATE R	EC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
1	FFB 2 1965 (P Down To E. Stalken Mill	Ill Trich Findral Home 4	210 Belair Road.		



pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of deat any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease (except where the physician who pronounced death was in regular attendance on the standance on the control of the control of the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	7	-	7	-		ı	
entificate must be approved by the chief medical examiner or his assistant if dy was released to the hospital by a medical examiner. Also, if the direct. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4). O.A. at a hospital (except where the physician who pronounced death we sed prior to death); and (6) No physician was in regular attendance on the approval must be obtained before the remains are embalmed or final dispense.		degre occurred in a nospital and	t or contributing cause of death (Undetermined cause; (5) Deceased	as in regular attendance on the	e deceased prior to death. Such	osition is made.
ertificate must be approved by the chief medical exactly was released to the hospital by a medical exactly an accident of any nature; (2) Body burns; (3) A. O.A. at a hospital (except where the physician was in approval must be obtained before the remains ar		aminer or his assistant it	iminer. Also, if the direc	A fracture of any kind; (4)	ho pronounced death w	egular attendance on th	e embalmed or final disp
ertificate must be approved by was released to the heart. (1) An accident of any no. O.A. at a hospital (excellent of prior to death); and approved must be obtain		ed by the chief medical ex	ospital by a medical exa	ature; (2) Body burns; (3) A	pt where the physician w	(6) No physician was in r	ned before the remains ar
his con he be hows vas Decea		his certificate must be approv	he body was released to the I	hows: (1) An accident of any n	vas D.O.A. at a hospital (exce	deceased prior to death); and	vritten approval must be obtain

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Jan.30,1965 Frank Cwalina 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) Balto.City 1005 Church St. D. STREET ADDRESS (If rural, give location) 1005 Church St. Zone 26 5. SEX If Under 1 Yr. If Und Months: Days Hours 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. lost birthday) WIDOWED, DIVORCED (specify) Male White Jan. 30, 1905 Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balto.Md. U.S.A. U.S.Coast Guard Quaterman 13. FATHERS NAME 14. MOTHERS MAIDEN NAME Bernard Cwalina Frances Korwoski 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. 218-42-4042 Mary Cwalina 1005 Church St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.l 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 30 Jan 65 19 65 that_(1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med M.D. Stoff Director Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Holy Cross A.A.Co.Md. Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR eRowski 2007 Eastern

VS 150-REV- 1/1/65



Such and regular attendance on the to death.

prior

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased if the direct or contributing cause of death or his assistant if death occurred in a hospital deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. was in FUNERAL DIRECTOR: IMPORTANT death was D.O.A. at a hospital (except where the physician who pronounced Also, This certificate must be approved by the chief medical examiner examiner. the body was released to the hospital by a medical

BALTIMORE CITY HEALTH DEPARTMENT

-	A	4	00
)	1	1	DJ

	H NO. 65	1100		CERTIFICA	TE OF DEATI	H Registered No	, 00 1100
1. N	AME OF DECEA	ED			2. DAT	E AND HOUR OF DEAT	H
(Тур	e or Print)	Devil	la Jones		Ja	nuary 31, 196	6:00 PM
	LACE OF DEATH	IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE	Where deceased lived. If OUNTY	institution; residence before admission
1-	OSPITAL OR	oddress or lo			C. CITY OR TOWN	If outside city limits, will	e RURAL and give township)
			re City Ho	_	Baltimore		
			stern Aver			(If rural, give location)	
		Baltimo	re, Maryla			ricker Street	
5. S		Nogno	WIDOWE	never MARRIED b, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		Negro		BUSINESS OR INDUSTRY	1-12-9.7 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
done	during most of wor		ired)				WHAT COUNTRY?
	Housew.	lfe			Virginia		USA
13.	William William	n Bates			14. MOTHER'S MAIDEN Sarah Stew		
5. V	Wos Deceased Ev	er in U. S. Armer	d Forces? dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	RECORDS: BCH	4940 Eastern	Avenue 21224
	(This does nat heart failure, as injury ar campli AN	thenia, etc. It mo cation which co TECEDENT CAL	e of dying, e.g., eans the disease, used death.) JSES if any, giving	(B) Arter	bral Vascular		-
TION	OTHER SIGNIFIC	abave cause CONDITION last II ANT CONDITION TH BUT NOT	NS CONTRIBUTIN	<u></u>	anhritis		
ICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	abave cause CONDITION last II ANT CONDITION TH BUT NOT NOTION CAUSE PERATION 198.	I. NS CONTRIBUTIN RELATED TO TH NG IT. CONDITION FOR	<u></u>	ephritis		E FINDINGS CONSIDERED
RTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	abave cause CONDITION last II ANT CONDITION TH BUT NOT NOTION CAUSE PERATION 198.	NS CONTRIBUTIN RELATED TO TH	g Pyelon	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIF	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	above cause CONDITION last II ANT CONDITION TH BUT NOT INDITION CAUSE PERATION 198. WAS WAS UNDERLYIN NG CAUSE OF	I. NS CONTRIBUTION RELATED TO TH NG IT. CONDITION FOR PERFORMED	Pyelon WHICH OPERATION PLACE OF INJURY (e.g., integer, form, foctory, street, of	20 A. AUTOPSY? (Yes on No	IN CERTIFYING C	
DICAL C	OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19 A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTION CONTRIBUTION DEATH (notify more)	above cause CONDITION last II ANT CONDITION TH BUT NOT INDITION CAUSE PERATION 198. WAS WAS UNDERLYIN NG CAUSE OF	I. NS CONTRIBUTIN RELATED TO TH NG IT. CONDITION FOR PERFORMED 218 hon etc. Yeor) (Hour) 218	Pyelon WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the injury occurred) INJURY OCCURRED ile At Not While	NO nor obout 21C. WHERE Difice bldg., INJURY OCCU	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL C	OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF O. 21A. ACCIDENT OR CONTRIBUTING CAPPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) Io	above cause CONDITION last II ANT CONDITION TH BUT NOT INDITION CAUSE PERATION 198. WAS UNDERLYIN NG CAUSE OF edicol exomined Alonth) (Doy) (1) or (1) (this has st saw the dec	NS CONTRIBUTIN RELATED TO TH NG IT. CONDITION FOR PERFORMED 21 E hon etc. Yeor) (Hour) 21 E Wh Wc pitol) ottended to	Pyelon WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the	20A. AUTOPSY? (Yes on the property of the prop	IN CERTIFYING CO. III III III III III III III III III I	CAUSES OF DEATH?

Mt. Auburn

Maryland

Baltimore, 25C. FUNERAL DIRECTOR Charles R. Law 802 M ADDRESS 802 Madison Ave.

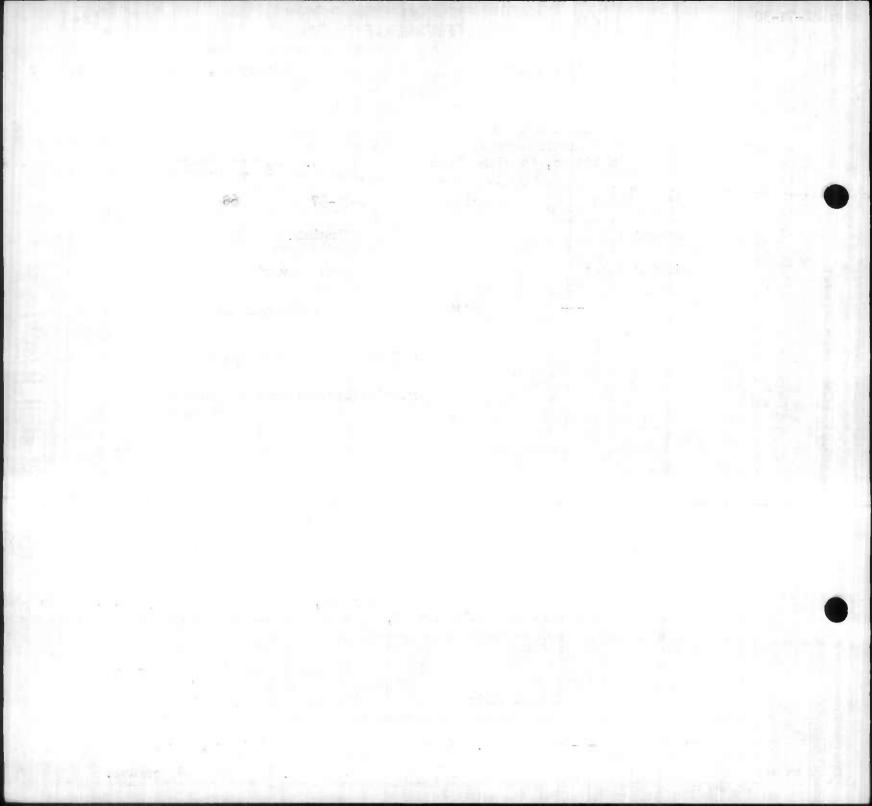
EEB VS 150-REV. 1/1/65

Burial

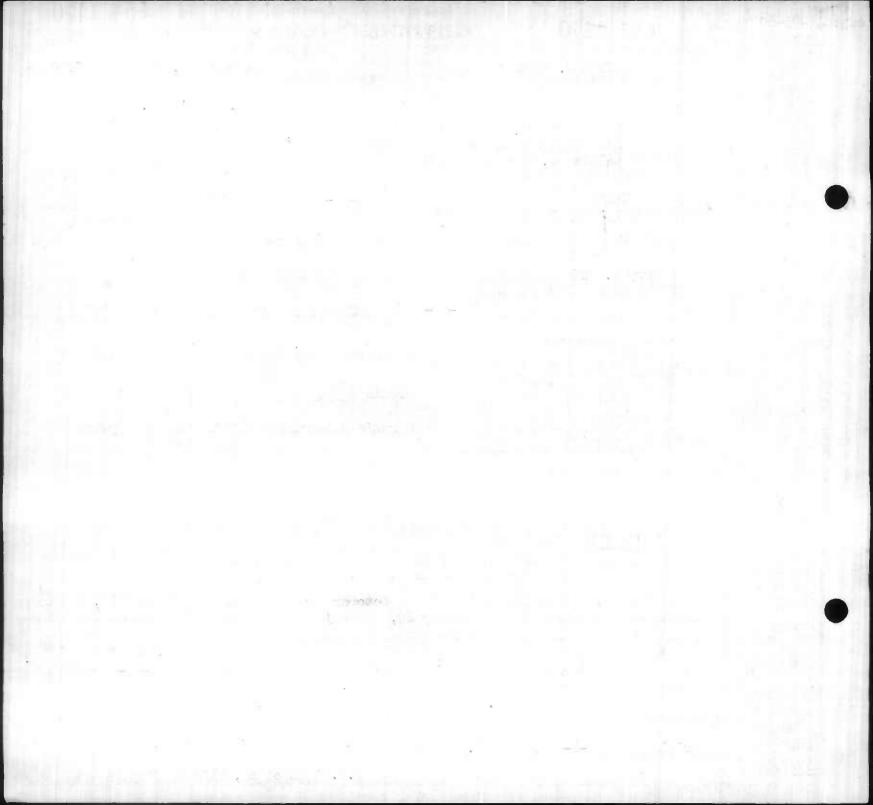
25A. DATE REC'D BY HEALTH DEPT.

2-3-65

1965

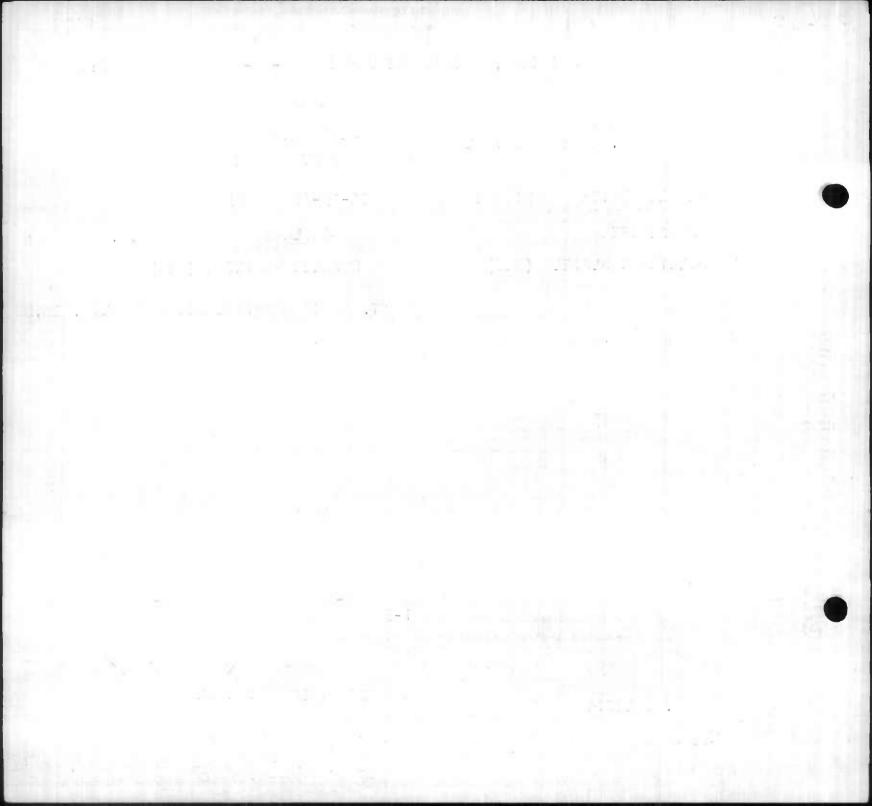


	BALTIMORE CITY	HEALTH DEPARTMENT		65 1170	
ыктн но. 65 1170	CERTIFICA	TE OF DEATH	X Registered No.		
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE	AND HOUR OF DEATH		
(Type or Print) John J. Lord			January 29,		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)	
		A. STATE B. CO	YTAL		
FULL NAME OF (If not in hospital or institution, g	give street	Maryland	St. Mary's	CO. RURAL ond give township)	
HOSPITAL OR oddress or locotion) INSTITUTION Baltimore City Ho	anitala	C. CITY OR TOWN (II	outside city limits, write	RURAL and give township)	
/		Chaptico, M	aryland	(0500	
4940 Eastern Aven		D. STREET ADDRESS	If rurol, give location)		
Baltimore, Maryla					
	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs.	
Male White Sing	_	1-11-19	46K 46		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF			reign country)	12. CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if retired)					
Farmer 13. FATHERS NAME		Marylan 14. MOTHERS MAIDEN N	d	USA	
SO EMINER 3 INMINE		MUINERS MAILEN N	MINIE		
Harry W. Lord		Margaret	Chambers		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS	
No	216-30-9291	DUGODDG DC	1010 7		
118.	CAUSE 0		494U Eastern	Avenue 21224	
シブム人	CAUSE O	DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A	P. J		24 hours	
(This does not mean the mode of dying, e.g.,	(A) Acute Fullionary				
hearl foilure, asthenia, etc. Il means the diseose,	502.10				
injury or complication which caused death.)	nia		13 years		
ANTECEDENT CAUSES	<u> </u>	12 years			
DISEASES OR CONDITIONS, if ony, giving	01	. 01			
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	nic Glomerulor	ephritis	years		
ONDERENNO CONDINION IOSI.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE	E				
DISEASE OR CONDITION CAUSING IT.	VHICH OPERATION	20A AUTOPSYZ (Yes or	No. 208 IE VEC WERE	FINDINGS CONSIDERED	
198. CONDITION FOR V	WHICH OFERATION	37	IN CERTIFYING CA	USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INTURY Is a in	NO n or obout 21 C. WHERE DID	(If in Boltima	re City, give exact location)	
OR CONTRIBUTING CAUSE OF hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II II GONING)	re City, give exoct locononi	
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NIURY OCCUP?		
S OF INJURY	le At Not While		NORT OCCOR.		
(APPROX)					
22. I certify that (1) (this hospital) attended th	ne deceased from	October 23	19 64 to J	anuary 29, 19 65	
that (I) (we) lost sow the deceased alive on		19.65 and		Inius death assured as the dat	
				This death occurred on the dor	
and have and from the causes stated above. (1) (We) (did) (did not) v	iew the body ofter deotl	1.		
23A. SIGNATURE			0. 11	23B. DATE SIGNED	
Theleton	M.D. Atte	s. Med. Director	Stoll Phys.	1-29-65	
23C. PHYSICIAN'S		23D. ADDRESS			
NAME (Type) Howard K.	Rathbun M.D.	4940 East	ern Avenue		
	ME of CEMETERY OF CRE			The James of Control of Control	
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NA	HALL OF CENTELEKT OF CKI	240.	LOCATION	City, lown, or county) (State)	
Burial 2-1-1965	St. Louis		Clarksvill	le.Md	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS	
FEB 2 1965 R. C. L.	E. Jankey M.R.	F.C. Hi o'Phha	thom, Ellicott	City Md	
VS 150-REV. 1/1/65	9	1 - a a a very Person		OTON PINC	



M.6

		BALTIMORE CITY	HEALTH DEPARTMENT		
11	TH NO. 65 1171	CERTIFICA	TE OF DEATH	Registered No.	65 1171
1,1	NAME OF DECEASED PO OF Print) MOOREHEAD	, EDNA GE		30-65	3:15 P M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESTDENCE (W. A. STATE B. CO	There deceased lived. If	institution: residence before admission)
11	FULL NAME OF (If not in hospital or institu	tian, give street	MARYLAND		RURAL and give tawnship)
10	INSTITUTION		BALTIMORE	ostoldo olly minto, white	53-00
10	ST. AGNES HOS	PITAL		(If rural, give location)	000
			17 FUSTING	AVENUE	
5.	WtD:	RIED, NEVER MARRIED OWED, DIVORCED (specify) DOWED	12-23-91	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF
	HOUSEWIFE		MARYLAN		U.S.
13.	FATHERS NAME	E01	14. MOTHER'S MAIDEN		
	WILLIAM CAULFIELD (D	EC)	ROSALEE H	IAMILTON (D	EC)
15.	Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N			ST ACHES HO	CDITAL DEC	ODDS DALTO SO NO
-	18. 100 2		\$T. AGNES HO	SPITAL REC	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		0 - 0	0.	ONSET AND DEATH
	LEADING TO DEATH	(iho	Gomenal (areinom	atosis
	(This does not meon the mode of dying,				
	heart foilure, osthenia, efc. It means the dis- injury or complication which coused death.)	ase,			
	ANTECEDENT CAUSES	(8)		# 0.00 # 100 # 100 0.00 0 # 100 0.00 0.0	
	DISEASES OR CONDITIONS, if any, g				
	rise to the above cause (A) stating the (C)				
	UNDERLYING CONDITION lost.				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING) THE			
V	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Na) 20B. IF YES. WERE	FINDINGS CONSIDERED
RTIF	WAS PERFORMED		NO	IN CERTIFYING C.	AUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF tNJURY (e.g., i home, farm, factory, street, a	n or about 21C. WHERE DID		are City, give exact lacotion)
CAL	DEATH (natify medical examiner)	etc.)			
103	21D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)	While At Nat While At Wark			
	22 1		1-29	165 to	1-30 19 65 ,
	22. I certify that (I) (this hospital) attend	1 - 3			
	that (1) (we) last saw the deceased alive	***************************************	-004-04000007		pinion death occurred on the date
	ond hour and from the causes stated abo	/e. (I) (We) (did) (dld not)	view the body after deat	h.	
	23A. SIGNATURE	0.			23B. DATE SIGNED
	Wennedo Jo	Osla M.D. Att	ending Med. Director	Stoff Phys.	1-50-65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	HOCDITAL	
	DR. IGLESIA	M.D.	ST AGNES	HOSPITAL	
24		C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (City, town, or county) (State)
-	TREMOVAL (Specify) 2/5/65	1000-11	not	RAITO	NI
25	SURIAL 17-100	LUVDON OI	711	DALIE	/
25	- A -	ME OF REGISTRAR	25C. FUNERAL DIRECT	1 1/1-2	301 FREDERICK RI
	FEB 2 1965 R.C.	M. C. Markey M.	£.5.199	CNABB	71578
VS	150-REV. 1/1/65				21



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hospital by a medical examiner. Also, if the direct or contributing cause of death	lature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	opt where the physician who pronounced death was in regular attendance on the	(6) No physician was in regular attendance on the deceased prior to death. Such	
of	Dec	0 93	ath.	
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ibu	inec	ular	P	ade
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J L	det	.=	pec	ion
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I by	(2)	Pre 1	phy	ined before the remains are embalmed or final disposition is made.
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hosi	ato	pt	9	ine

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by the chief medical examiner

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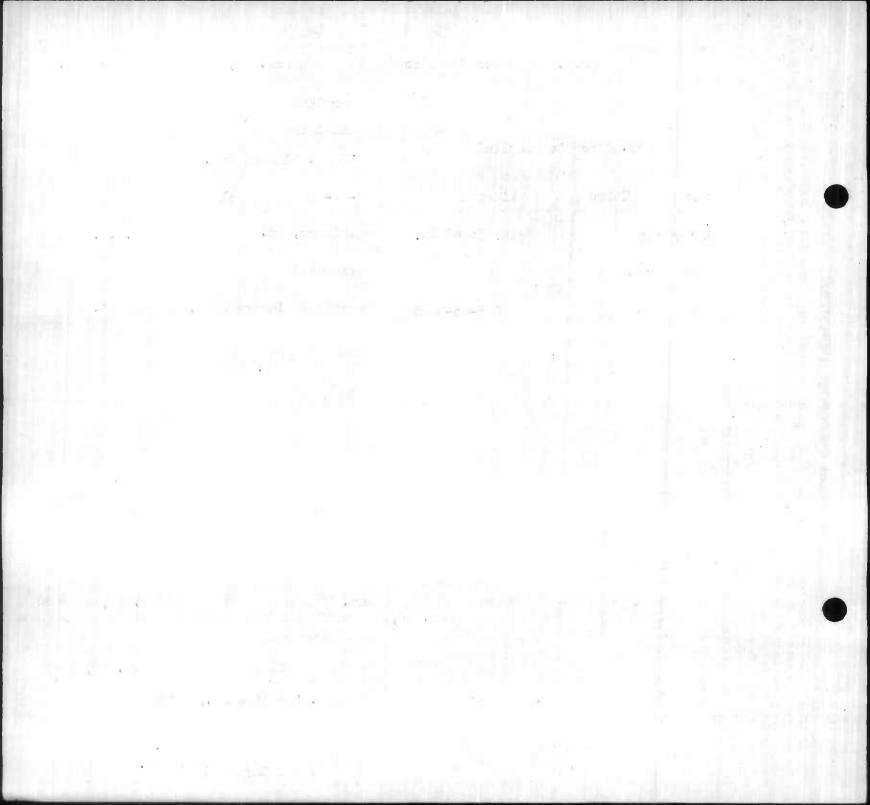
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to

death) hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Garey, Alexander Ignatius Jan. 30, 1965 10:55 A. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
R. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (Ifgoutside city limits, write RURAL and give township) Baltimore #24 St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) 204 N. Linwood Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthdov Male White Widowed 4-27-83 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. Beth. Steel Co. U.S.A. Suptendant 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME John Garey Susan Heil 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Magdalena Sinners 25 N. Clinton St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of lungs (This does not meon the mode of dying, e.g., heart lailure, astherio, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIF Yes Yes 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI (Month) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work (exce ; and sobtai 22. I certify that (I) (this hospital) attended the deceased from Jan. 20 19 65 to Jan 30, 19 65 that (I) (we) lost saw the deceased alive on Jane 30, 19.65 and that in (my) (our) apinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Jan. 30, 1965 0 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type

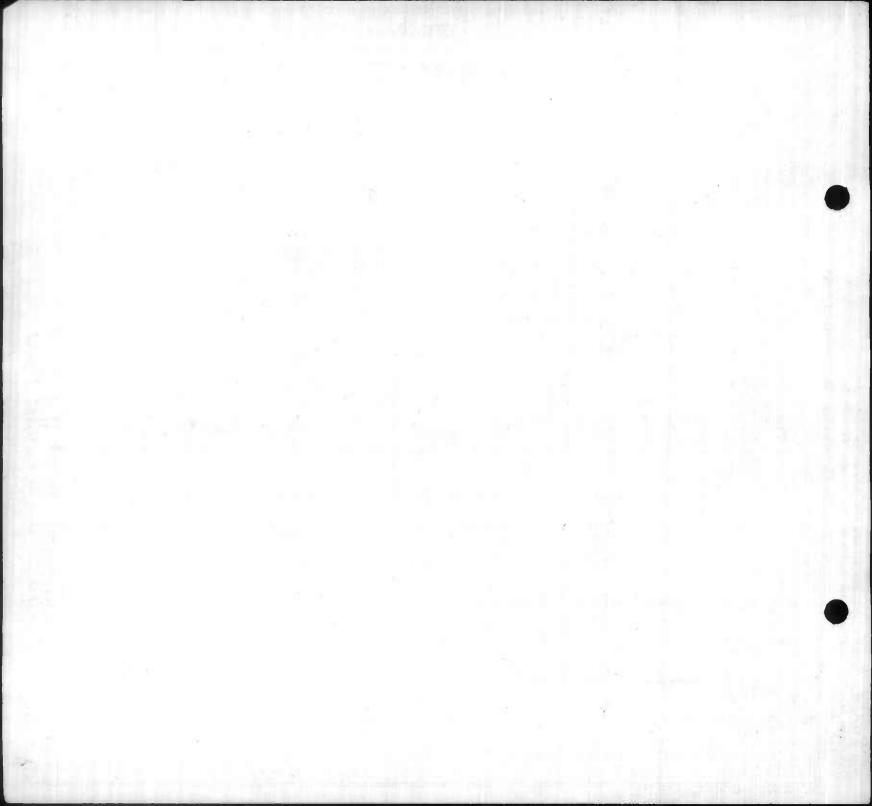
William B. VandeGrift 1400 N. Caroline St., 21213 M.D. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) Oak Lawn Cemeterv Baltimore. Md. 25B. NAME OF REGISTRAR Schimmer Funeral Home, Inc. ADDRESS VS 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and \sim the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death \bowtie shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased \bowtie was in regular attendance on the Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		CE Almo
BIRTH NO. 65 1173	CERTIFICA	TE OF DEATH	Registered Na.	65 1173
1. NAME OF DECEASED (Type or Print) ARTHUR	BOBBIT	2. DATE AND	HOUR OF DEATH	10 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7 07-7-7	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
0		D. STREET ADDRESS III IN	ral, give lacation)	
2706 LAURETTA			RETTA A	
M COLORES A	FED, NEVER MARRIED (Specify) ARRIED (Specify)	5/14/1888	. AGE (In years ast bighday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most of working life, even if retired) WAREHOUSEMAN	0	11. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Statister Shield	14. MOTHER'S MAIDEN NAM		7
THOMAS BUBBLI	T	SUDIE	ve	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	213-03-6757	MARY BOBBI	71 27061	AURETTA ATE
DISEASE OR CONDITION DIRECTLY	CAUSE	F DEATH	- 1 - 1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	spenday To	allul	
heart failure, asthema, etc. It means the dise injury ar complication which coused death.)		1. to 110,000	1 Peter 1	Waster
ANTECEDENT CAUSES	DUE TO	June 1	- ruco	04
DISEASES OR CONDITIONS, if any, givenise to the obove couse (A) stoling UNDERLYING CONDITION last.		ray Vone	Meway	alreis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While		JRY OCCUR?	
(AFFROA)	Work At Work	- Maria		1
22. I certify that (1) (this haspital) attend	ed the deceased from 3	17,73	9to	13/19/05.
that (1) (we) last saw the deceased alive			it in (my) (aur) api	inion death accurred on the date
and haur and from the coases stated abav	e. (I) the (did) (did not) v	riew the bady after death.		23B. DATE SIGNED
1 Lellor or/s	M.D. And Phy	ending Med.	Stoff Phys.	26/65
23C. PHYSICIAN'S NAME (Type) Sho Ref S	ce/ M.D.	23D. ADDRESS OOINM	nerel	10 Bit 17kg
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY (24D. LG	OCATION VO	ity, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAS	25C. FUNERAL DIRECTOR		ADDRESS
FEB 2 1965 Robe	BE. tarkey M.A	Markary	p Houps Go	SEN. GILMOR SU
VS 150-REV. 1/1/65				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	01	1171		BALTIMORE CITY	Y HEALTH	PEPARTMENT			
BIRTH NO.	., -	1174		CERTIFICA	TE OF	DEATH	Registered Na.	65 1174	
I. NAME O	F DE EASED	-	7/2		-	2. DATE A	ND HOUR OF DEATH		
(Type or Pri	ACE OF LIATH IN PALTIMORE, MARYLAND					Jan	JAN 31. 196	5 11:15 p. M	
3. PLACE					4. USUAL A. STATE	RESIDENCE (WH	ere deceosed lived. If insti	S /// Sp. M	
ELLI NI	ANAF OF /	If not in hospital a	as institution of	tive about				7-7-2-1)	
HOSPITA	AL OR	oddress or location		live siteel	c. CITY O	N TOWN (If a	outside city limits, write RU	RAL and give township)	
						1+1more			
Sinai Hospital of Bultimore					D. STREET ADDRESS (If rurol, give locotion)				
					712	1 TARK	HE16/13 /	ve. ApT 204	
S. SEX	6. RAC	E		NEVER MARRIED), DIVORCED (specily)	8. DATE O	FBIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Norths Days Hours Min.	
Male	WI	vite .	Mar		8-3	11-92	72		
		(Give kind of work ife, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	SALESMA		LUG	GAGE	Bal	timas 1	Tarriand	U.S.A.	
3. FATHER			Luo	ONOL	14. MOTH	timore, DEER'S MAIDEN N.	AME	0.03/	
	TOSE	PH J. BUR	GUNDER			THERSA	GUNDSHEIMER		
5. Was De	ceased Ever in	U. S. Armed Fore	cos?	1 6. SOCIAL	17. INFORA			ADDRESS APT 204	
VES.		give war or date:	s of service)	SECURITY NO.	UDC	UTIODEO	פווחרוווחבה זום		
1B.	5 2 1			212-01-3948	DE DEATH	MILURED	BURGUNDER 712	INTERVAL BETWEEN	
-	XICCC	ONDITION DIR	CCTIV	CAUSE	JI DEATH			ONSET AND DEATH	
8.78		NG TO DEATH	ECILI	Cox	hraves	culay Ac	e idea t	9 weeks	
		n the made of		DUE TO	LD / U YUL	Cut./X V/10	LIACH		
		a, elc. 11 means n which coused							
	ANTEC	DENT CAUSES		(B) Arte	riosche	votic Cev	de seese	1 5 years	
DISEA	DISEASES OR CONDITIONS, if ony, giving						de seese		
rise	rise to the abave cause (A) stating the (C)						0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDE	UNDERLYING CONDITION lost,								
ZOTHE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
E TO T	HE DEATH	BUT NOT RELA	TED TO TH	E					
-	ATE OF OPERA	TION 198. CON	DITION FOR V	WHICH OPERATION	20 A. A.	JTOPSY? (Yes or	No) 208, IF YES, WERE FIN	IDINGS CONSIDERED	
THE PARTY		WAS PER	ORMED			10	IN CERTIFYING CAUS	ES OF DEATH?	
U 21 A. A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF hame, form, factory, street, or contributions 21B. PLACE OF INJURY (e.g., hame, form, factory, street, or contributions)				in or obout 2	C. WHERE DID	(II in Baltimore C	City, give exact locotion)	
▼ DEATH	I (notily medica	l examiner)	etc.)		Jinee orag., In	430KI OCCOK			
D 21 D. Π) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	2	F. HOW DID IN	JURY OCCUR?		
E OF INJ				ile At Not Whi					
			Wo			. 29	14	11121	
				he deceased from		1-29	19 67 to Janu	ary 31 19.65	
that (l) (we) last s	aw the decease	d alive an	JANUARY 3	.119	G and	that in (my) (aux) opini	an death accurred on the dat	
and he	our and fram	the causes stat	ed abave. (1) (We) (did) (di d not)	view the b	ady after death			
23A. SI	GNATURE		1					3B. DATE SIGNED	
77	arry,	m. Ch	achte	M.D. Att	tending ys.	Med. Director	Stoll Phy s.	1-31-65	
	AME (Type)		0		23D. ADDR	:\$\$			
	Harry	M. CI	havka	1- Z M.D.	Sin	ai Hos	vital of Ba	It Imore	
24A. BURIA	AL CREMATION	N, 248. DATE	24C. N	AME of CEMETERY OF CR	REMATORY	24D.	LOCATION (City,	tawn, ar county) (State)	
	URIAL	2/2/65	BAL	TIMORE HEBREW	1		BALTIMORE	MARYLAND	
	REC'D BY HE			OF REGISTRAR		NERAL DIRECTO		ADDRESS	
	FEB	2 1965	P. P. Br	E. Jake Mil	SOL	LEVINSON	E ROOS INC. 40	10 REISTERSTOWN R	
/S 150-RE\	,	1000	A COLO			,001	a bitos. Totol	VETSLEKZIOWN K	

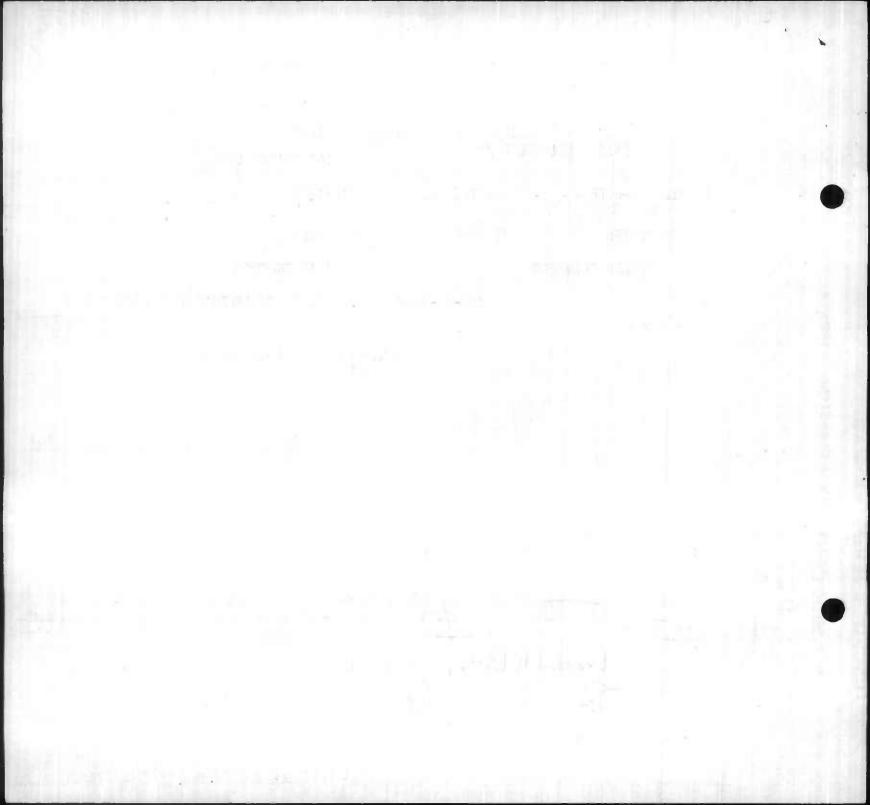
8-21-92 Minney Co Die March Mary fand Comments of the second Approvate that the manufacture is Zangorogo XV U.S. terry on Chasses Sino Harry report to be to a Harry M. Cha. En z

VS 150-REV. 1/1/65

and

				BALTIMORE CITY	HEALTH DEPARTMEN	IT	65 1175			
Ш		65 1175		CERTIFICA	TE OF DEAT	H Registered No.	00 1170			
1.1	E. CASE NO.				2. DATE AND HOUR OF DEATH					
	pe or Print)	GOLDIE SO		MAN	JAN	VUARY 30, 1965	4 H.M.			
3.	PLACE OF DEA	TH IN BALTIMORE, MAI	WLAND		4. USUAL RESIDENCE	(Where deceased lived. If in	nstitution: residence before admission)			
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital address or location	or institution,	give street	C. CITY OR TOWN (If outside city limits, write RURAE and give tawnship)					
12)	BELVEDERE N	IURSING	HOME	BALTIMORE					
2525 W BELVEDERE AVE					D. STREET ADDRESS (If rurol, give location) 3805 CLARKS LANE					
1	FEMALE	6. RACE WHITE	7. MARRIED, WIDOWEJ MAI	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 5/12/1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?			
001		EWIFE	AT	HOME	VIRGINIA		USA			
13.	FATHER'S NAA				14. MOTHER'S MAIDEN	NAME				
	S	ENDER FEINBER	RG		KATIE TH	HEODORE				
(Ye	Was Deceased s, no or unknown NO	Ever in U. S. Armed Ford (If yes, give war or dole:	es? s of service)	16. SOCIAL SECURITY NO. 220-09-5560	MR. PHILIP S	SCHWARTZMAN 38	05 CLARKS LANE			
	OISEAS (This does n hearl failure, injury or cam DISEASES Crise la lhe UNDERLYING	ONSET AND DEATH								
ATION	OTHER SIGNI TO THE DI DISEASE OR									
ERTIFIC	19A. DATE OF	FINDINGS CONSIDERED USES OF DEATH?								
CALC	OR CONTRIBU	e City, give exact location)								
MEDIC	OF INITIARY									
	22. I certify	that (1) (this haspital	ottended t	he deceased from		19 5 G to	19			
	that (1) (we) lost sow the deceased alive on 1/2 8 19 65 and that in (my) (our) opinion death occurred on the deceased of the									
	23A. SIGNATU	23B. DATE SIGNED								
	23C. PHYSICIA NAME (T	ponau	Mesc	Visto Ca (M.D.	ending Med. Director [23D. ADDRESS 7/2/	ark Haglis	Aue.			
24.	A. BURIAL CREA	Specify)	24C. N	AME of CEMETERY OF CRI	EMATORY 24		City, town, or county) (State)			
25	BURIAL			BREW FRIENDS#1	P 25C. FUNERAL DIRE	BALTIMORE	MARY LAND ADDRESS			
Is al	- DAIL KEED	HENEIH DELL	PROPERTY OF	at the paragraph of	12301 I GITERAL DIKE	WINE	MADKESS			

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN



. 1	65 1176	BALTIMORE CITY HEALT	TH DEPARTMENT	CE AAMO				
		EXAMINER'S CE	ERTIFICATE OF DEATH Register	6d No. 11/6				
W. 214	M.E. CASE NO.							
V V	1. NAME OF DECEASED	. / - C - 1.1	2. DATE AND HOUR PRONOUNCE					
	Beatrice 'Wo		Jan. 30, 1965 4. USUAL RESIDENCE (Where deceased lived. If institutions)					
	45 465 11 10 10 10 10 10 10 10 10 10 10 10 10		Maryland B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	ITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
11	Union Memorial Hosp	: + o 1	Baltimore /) / / D. STREET ADDRESS (If rurol, give lacation)					
7	onion Hemorial Hosp.	Ital	2601 Madison Avenue					
		D, NEVER MARRIED D, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months Days Hours Min.					
	Female White M							
	done during mast of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?				
Water State of State	Housewise At	Home	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA				
	Jacob H. Pleet		Late Dora Miller					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? KYes, na ar unknawnhillf yes, give war ar dates of service		17. INFORMANT	ADDRESS				
			Benjamin L. Weissfeld 261	01 Madison Avenue				
	18. 904 7	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
The second of the second	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N 1						
	(This does not mean the made al dying, e., heart failure, asthenia, etc. It means the diseas	(A) Nephro	sis and multiple pulmonary emboli	00 00 00 00 00 00 00 * *0*************				
	injury or complication which coused death.)		emboli					
	ANTECENDENT CAUSES		ure of right hip					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.							
		(C)		***************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING						
THE RESERVE OF THE PARTY OF THE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumond a 19A. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED							
	IVAS FERTORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN					
	Jan. 8, 1965 fracti	ure of hip		es				
	UTING CAUSE OF DEATH.	me, farm, factory, street, of	ffice bldg., INJURY OCCUR?					
	21D TIME (Month) (Day) (Year) (Haur)	n hospital	Lutheran Hospital	1 60 = 60				
	(APPROX.) Jan. 7, 1965 12:35	WHILE AT NOT W	yHILE X fell and broke hip					
	22. 1 certify that I held on Inquiry		opsy X ond that on this basis, death in m	y aninian				
	resulted from: Natural couses	Accident X Suicide						
BIETT CONTRACTOR	1/ -/	11	CHIEF MEDICAL EXAMINER					
	SIGNATURE Jun 2, /=	teller M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
	EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	Jan. 30, 1965				
		23C. NAME of CEMETERY or	CREMATORY 23D. LOCATION (City,	tawn, ar caunty) (State)				
BEILERGIE	Burial Jan. 31,1965	Shaarei Zio	n Baltimore. Mo	arul and				
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAM	NE OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS				
	N 520, FEB 2 1965 Blee	It E. Farley M. a	Sol Levinson & Bros. Inc.	6000 Kelst. Ka. #15				

Jacob M. Meast AND CONTRACTOR AND ADDRESS OF THE Control of the Contro the line same of the state of the same of the

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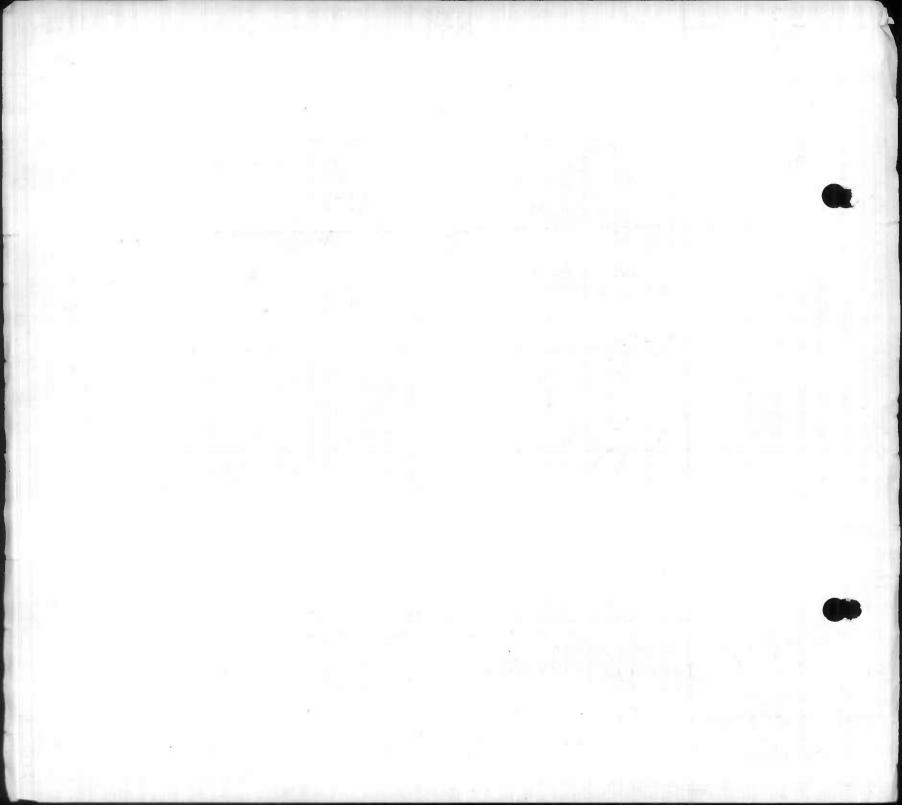
ance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where decreased lived. If institution: residence before odmissian)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION BALTIMORE D. STREET ADDRESS (If rurol, give location) 5451 PARK HEIGHTS AVENUE 5451 PARK HEIGHTS AVENUE S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. RCFD (specify) Hours lost birthday FEMALE WHITE 8/25/1890 IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? RUSSIA USA HOUSEWIFE AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOSES FARBER MARY 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-48-0681 NO MR. YALE GORDON 227 CHANCERY ROAD 1 B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram .19 that (1) (we) lost saw the deceased alive an and that In(my) (and apinian death accurred an the date and haur and from the causes stated abave. (Miles) (did) (did hat) view the bady after death. 23A SIGNATURE 23B. DATE SIGNED Attending M.D. Med Stoff Phys. Director Phys. PHYSICIANTS NAME (ype) 23D. ADDRESS 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/2/65 BETH YEHUDA ANSHE KURLAND BALTIMORE MARYLAND 2SA. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS. INC. 6010 REISTERSTUWN RD

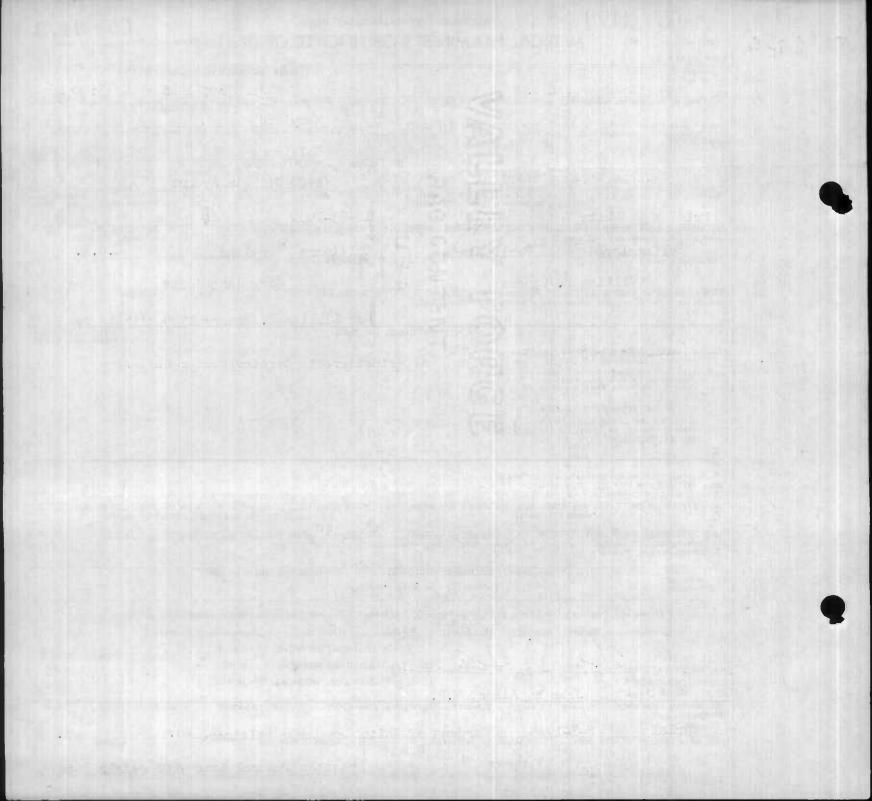


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT							
BIRTH NO. 65 1178	CERTIFICA	TE OF DEATH	Registered No.	65 1178					
1. NAME OF DECEASED (Type or Print) Mrs. Edna	Glenn	1-29-		2 30 PM.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		itution: residence before odmission)					
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
7 Mercy Hospital		Baltimore D. STREET ADDRESS							
		5505 Daybreak	Terrace						
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) Nidowed	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11-2-1895 9. AGE (In years Months Doys Hours Min.							
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?					
	ousewife	Baltimore Mar	rrl and	U.S.A.					
13. FATHER'S NAME	J4001110	14. MOTHERS MAIDEN NAN	NE	1.0.0.					
Adam Ditschler		1.6	37 - 3						
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ary Vogel s an	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of serv	security No. 215-05-7510D	Mm William F	(7 000 7 77 170	musels days Days					
18, / 0 0 5	CAUSE O	Mr William E.	Grenn 1/2 na	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,	(A) CZ	arcinoma-	ONSET AND DEATH						
heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	ease,								
ANTECEDENT CAUSES	(B)	ka ka ababawa 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION tost.								
OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)					
OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Whil								
	Wolk AT Work								
22. I certify that (I) (this haspital) attended the deceased from $1-13-1965$ to 1965 , that (I) (we) lost sow the deceased alive on $1-29$ 1965 and that in (my) (our) opinion death occurred on the date									
and hour and from the causes stated above	and hour and from the causes stated above. (1) (#e) (did) (did not) view the body after death.								
23A. SIGNATURE	7 -	23 B. DATE SIGNED							
Donald (! Deine	M.D. Atte	ending Med. Director	Stoff Phy s.	1-29-65					
23C. PHYSICIAN'S NAME (Type)	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS								
Donald A. Deinleir	M.D.	301 St. Paul 1		, town, or county) (Stote)					
Burial 2-1-1965				20.1					
/0/	OakLawn Cemeter;	25C, FUNERAL DIRECTOR	ltimore Co.	ADDRESS					
FEB 2 1965 R.C.	ent E. Farber M.A.	Jass ahm	Funeral A	Jome & Conti					



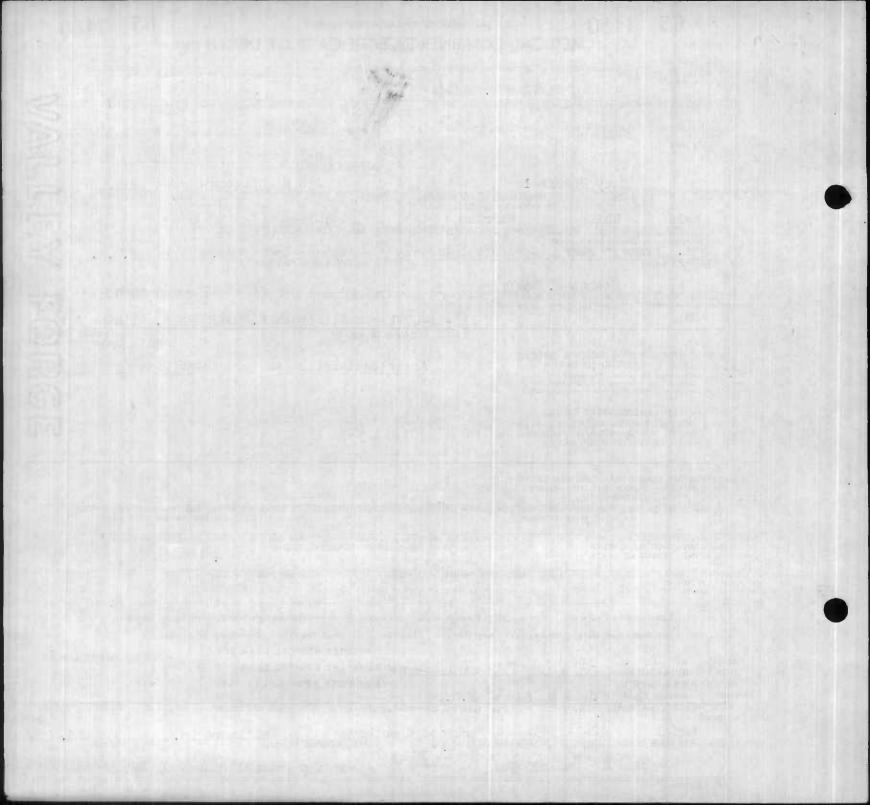
1	65 1179 BALTIMORE CITY HEA	ALTH DEPARTMENT						
5-620	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1179							
	M.E. CASE NO. T. NAME OF DECEASED IN	X						
	(Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
	George Sauers 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Jan. 30, 1965 5:40 P. M.						
	S. FLACE IN BALLIMOKE, MAKIEAND, WHEKE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
72		Baltimore						
3	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion)						
		1900 Wilhelm Avenue 6						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.						
	Male White Married	12-23-1900 614						
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Selfemployed Real Estate	Baltimore Maryland U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	William H. Sauers	Many Jane Janes						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Mary Jane Jones						
	(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.	1/						
		Mrs Lillian E. Sauers 1900 Wilhelm Avenu						
	18. 422 / 1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY							
MINE TO STATE OF		ciosclerotic Cardiovascular Disease						
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	ANTECENDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
	UNDERLYING CONDITION LAST.							
	(C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE							
	DISEASE OR CONDITION CAUSING IT.	JOAN AUTODONG (V N. J. JOAN JE WEG NATES TO A STATE OF THE STATE						
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-	no in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR?						
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc.)							
	OF INJURY							
	(APPROX.) m. WHILE AT NOT WHILE AT WORK							
	22, Certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion							
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner							
	1 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER						
	ACTUAL STALLS STALLS	ASSISTANT MEDICAL EXAMINER X						
		_ Jan. Ji. 1905						
	EXAMINER'S NAME (Type) John E. Adams, M.D.	ASSOCIATE MEDICAL EXAMINER						
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
	REMOVAL (Specify)							
	Burial 2-2-1965 Gardens of F. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	aith Cemetery Baltimore Co. MdM 24C. FUNERAL DIRECTOR ADDRESS						
	FEB 2 1965 Robert E. Farkey M.A	ADDRESS ADDRESS						
	1 LD & 1303 Place C. 10000	Lassahn Funeral Home 7401 Belair Road						
	VS 151-REV. 1/1/65	The state was						



65 1180

1 65 1180 BALTIMORE CITY HEALTH DEPARTMENT 65 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.1	L CASE NO.									
1. NAME OF DECEASED					2. DATE AND HOUR PRONOUNCED DEAD					
	CHRISTIAN G. WOLF					Jan. 29, 1965 6:00P M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF ()F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
					D. STREET ADDRESS (If rurol, give locotion)					
		City Hospi	tals		438 N. Clinton Street 2122h					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)					B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.					
tOA	Male	White	Mari		12-31-1889 75 12. CITIZEN OF					
don	during most of v	eweryworker		onal Brewrey	WHAT COUNTRY?					
	ATHER'S NAM		- A CILIC	onar brewrey	14. MOTHER'S /	MAIDEN NAME	ty Ma.	U.S.A.		
			3// 3 0							
15,1	WAS DECEASE	George M.	FORCES?	16. SOCIAL	17. INFORMANT	10	redericka Unka	le Marie		
	, no or unknown)	(If yes, give wor or dote		SECURITY NO.						
	No			216-01-4771	Mrs Eliz	abeth M.	. Wolf 438 N. (Clinton Street		
	1B.	D. I. 1		CAUSE	OF DEATH			ONSET AND DEATH		
	DISEAS	E OR CONDITION DI								
	(This door m	tEADING TO DEATH of meon the mode of			iosclerot	ic Card	iovascular Dise	ease		
	heort foilure,	osthenio, etc. It meons	the disease,	DUE TO						
		A THE COUNTY WHICH COUSED	de ome							
		ANTECENDENT CAUSES								
	RISE TO THE	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE								
_	UNDERLYIN	UNDERLYING CONDITION LAST.								
Ó		41		\ \ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
CERTIFICATION	TO THE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,								
CERT		OPERATION 198, CON WAS PER	DITION FOR Y	VHICH OPERATION	20A. AUTOPS		es or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)							oct location)		
- T	21D TIME	(Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. F	OW DID INJU	IRY OCCUR?			
	OF INJURY (APPROX.) WHILE AT NOT WHILE WORK AT WORK					ILE .				
	22.	ify that I held on I	nquiry 🗌	Inspection X Aut	opsy O	nd that on thi	s bosis, deoth in my op	inion		
	rosul	rosulted from: Notural causes Accident Suicide Hamicide Undetermined manner								
		ACTUAL SIGNATURE SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE								
	SIGNATI	an. 30, 1965								
	EXAMIN NAME (1		Adams	M.D.	ASSOCIATE	MEDICAL EX	AMINER			
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)									
REA	REMOVAL (Specify)									
244	Burial	2-2-19		Parkwood Ceme		Bal Bal	timore Co.	ADDRESS Md.		
247					Z4C. FUNE	KAL DIRECTOR		ADDKE22		
	FEB 2 1965 Robert E. Farley M. A Lassahn Funeral Home 7401 Belair Road 36							Belair Road 36		



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25A. DATE REC'D BY HEALTH DEPT.

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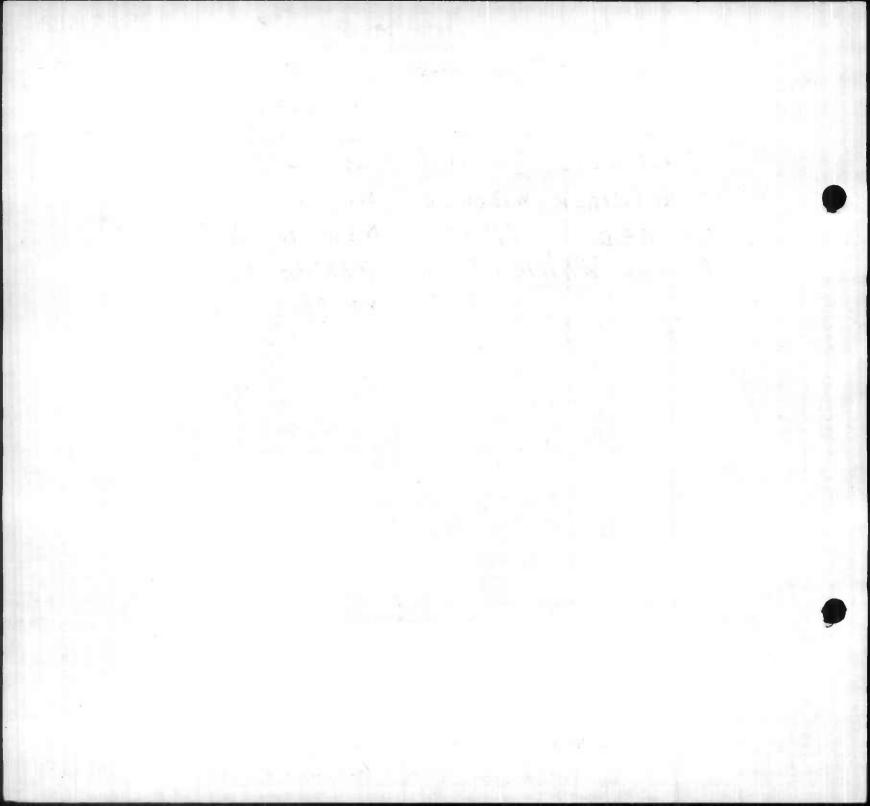
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) -30 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION BALTIMORE RASPE AVENUE D. STREET ADDRESS (If rurol, give location) AUE# ASPE made 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE Hours WIDOWED, DIVORCED (specify) 5 IDOWED disposition is 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country done during most of working life, even if retired) LTIMORIE. SA. HOMEMAKER 10036-WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SNYDER. ATHERINE BECKER ACOB 15. Was Deceased Ever in U. S. Armed Forces: 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO. NENEC 4423 18. CAUSE OF DEATH 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This daes not meon the made of dying, e.g., embal hearl failure, asthenia, etc. Il means the disease, injury as camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) sloting the before the remains UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) MEDIC/ e obtained I 21 D. TIME (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Worke 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinion death occurred on the date pe and haur and from the causes stated above. (1) (We) (did) (dld nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending [Stolf M.D. Med. Phys. Director Phys. approval 23C.PHYSICIANS 23D. ADDRESS NAMERTYPE 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. 24D. LOCATION (Stote) lown, or county) REMOVAL (Specify) written 258. NAME OF REGISTAR A

C. FUNERAL DIRECTOR

ADDRESS

The state of the state of

VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambalanced on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

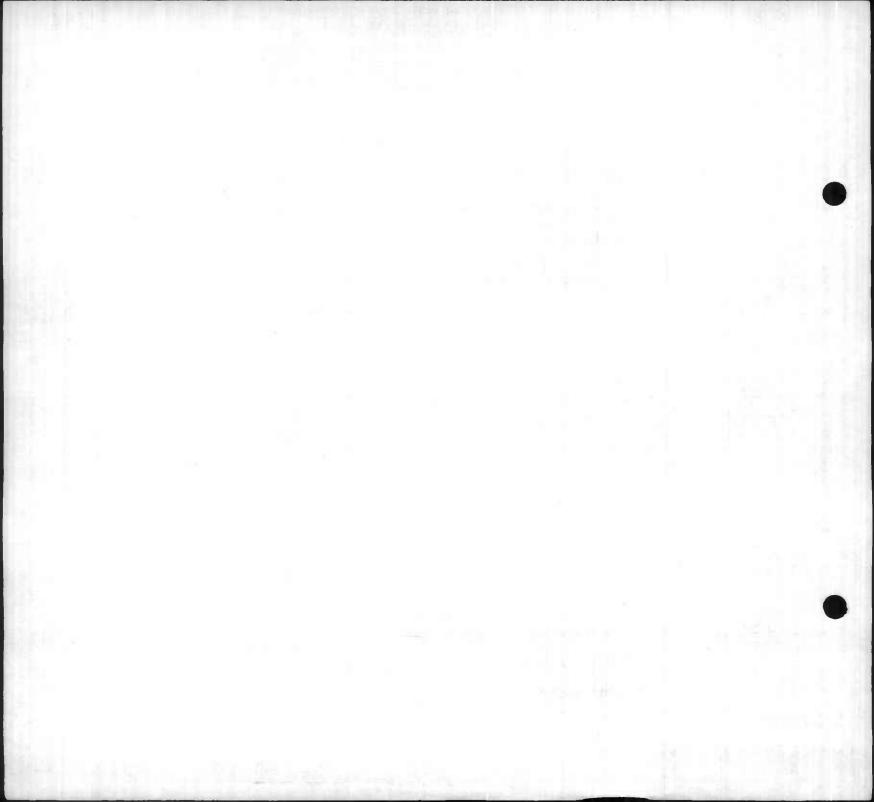
IRTH NO. 65 1183			HEALTH DEPARTMEN		65 1183
		CERTIFICA	TE OF DEAT	H Registered No.	65 1183
A.E. CASE NO.			2. DA	TE AND HOUR OF DEATH	1
Type or Print)	4h			1-31-65	2:45 A
Lustrena Beckwit			14 USUAL RESIDENCE		nstitution: residence belore odmis
TEACT OF SEATH IN SACRIMONS MAKE			A. STATE B.	COUNTY	A A
FULL NAME OF (If not in hospital or i	institution, g	give street	Maryland	Baltimore	Bulle
HOSPITAL OR oddress or location).	11	- Tr. 10 to	C. CITY OR TOWN	(If outside city limits, write	RURAL and give township)
Baltimore City	_	tals	Rural		55700
4940 Eastern A			D. STREET ADDRESS	(tf rural, give location)	
Baltimore, Mar	yland	#21224	803 I St	reet #21219	
		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours M
Female Negro	Wido		5-5-87	77	
OA. USUAL OCCUPATION (Give kind of work 108	B. KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF
lone during most of working file, even if retired)					WHAT COUNTRY?
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S. PAINERS NAME			14. MOTHER'S MAIDE	INAME	
William I. Johnson			Laura Bon	nett	
5. Was Deceased Ever in U. S. Armed Forcas' Yes, no or unknown) (If yes, give wor or dates o	?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give wor or dules o	. service/		peropne. P	U 1010 P	own Assource #2722
18. / 5 6 / 1		214-10-0139B		o.n. 4740 Last	ern Avenue #2122
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(This does not meon the mode of dy	vina. e.a	DUE TO	ardial Infar	COTOU	~ weeks
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🔾	is D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	05 4404	BALTIMORE CITY	HEALTH DEPARTMENT		65 1184
	тн но. 65 1184	CERTIFICA	TE OF DEATH	Registered No.	00 1184
1,1	E. CASE NO.	0	2. DATE AND	HOUR OF DEATH	
	THE OF PRINTING PLUESTE	ER PAYN		9 65	11:00 Am.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ion: residence before odmission)
	FULL NAME OF (If not in hospital or instituti	ion, give street	MD.	/-	5-01
	HOSPITAL OR oddress or location) INSTITUTION		13	ide city limits, write RURA	L ond give township)
1	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D. STREET ADDRESS (If re	RF #	1
L	JNIVERSITY &	OSPITAL	1333 % 616	-MORE S	7
5.		RIED, NEVER MARRIED DWED, DIVORCED (specify)		ost birthdoy) AGE (In years of Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sole or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
001	PAINTER		VA.		Q. S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
	WILLIAM FA	YNE	I ma Br	ACKWEL	
15.	Was Deceased Ever in U. S. Armed Forces? ss,no or unknown) (If yes, give wor or dates of servi	1 6, SOCIAL	17 INFORMANT		ADDRESS
	703, 910 00 00 00 00 00	20-47-88	WAITPECC	HOLLEY	2455 Dewill
	18. 5 3 1	CAUSE O	F DEATH	, , , , , ,	INTERVAL BETWEEN AUF
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
-	(This does not meen the made of dying,	e.g., DUE TO	STRACERE	BEAL	w 900 ca 4 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m
	hearl foilure, osthenia, etc. It meons the dise		HEMORRA	4AGE	
	injury or complication which caused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, give	DUE TO	***************************************		
	rise to the above cause (A) sloting		00 May 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		3.4.4 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1
	UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ICA	19 A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	NGS CONSIDERED
ERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAUSES	OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
EDIO	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22. I certify that (1) (this hospital) attended			9 65 to JA	N. 29 1065.
	that (1) (we) lost sow the deceased alive				deoth occurred on the dote
	and hour and from the couses stored above			Tin(my) (out) opinion	decin occorred on the dole
	23A SIGNATURE	e. (1) the (did) (did not)	riew the body offer deoff.	[23 B .	DATE SIGNED
	Va TOCKE	M.D. Att	ending Med. Sirector Director	Stoff	1/29/65
	23C. PHYSICIAN'S	Pny	23D. ADDRESS	Phy s.	1/1
	Ruth Luddy	M.D.	11, =	PC1=11 5	£1000
24	A. BURYAL CREMATION, 248, DATE 240	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City, to	wn, or county) (Stote)
C	REMOVAL (Specify)	1.04	a to	1 0.10.	1 alinn
25	A. DATE REC'D BY HEALTH DEPT. 258, NAM	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	1 sounds	ADDRESS
	FEB 2 1965 R.C.	& E. Janky M.A	The matrice of	How	916 Cenna au
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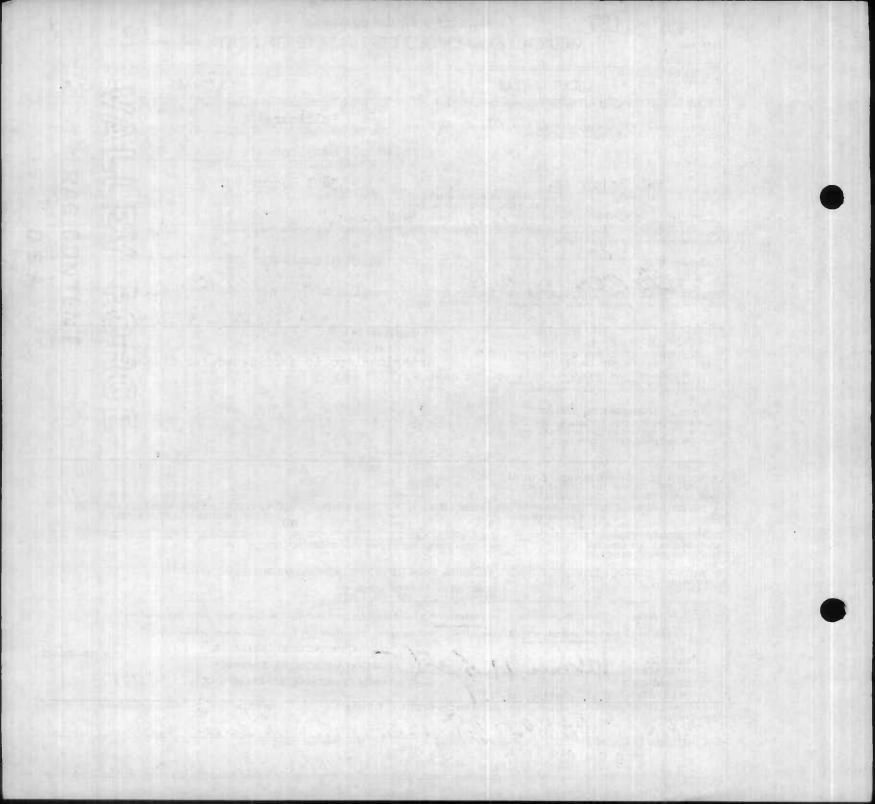
		- 0	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 118	36	CERTIFICA	TE OF DEATH	Registered No.	65 1186
M.E. CASE NO.			021(11110)			
NAME OF DEC	EASED				AND HOUR OF DEATH	
Type or Print)	Horte	nre Guss	sie Roth	Jar	1. 31, 1965	A
PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceased lived. If is	stitution: residence before admission
FULL NAME O			give street	Md.	YINUC	27-19
INSTITUTION	oddress or locotion	n)		C. CITY OR TOWN	f outside city limits, write	RURAL and give township)
)				Baltimo	re	
	4002 Mortim	er Ave.		D. STREET ADDRESS	(If rural, give location)	
				1,002 Me	ortimer Ave.	
. SEX	6. RACE	T AAADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yis . If Under 24 Hr.
Female	White	WIDOWED	o, DIVORCED (specify)	Jan. 28, 1889	lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of world	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
	working life, even if retired)					WHAT COUNTRY?
House	wife	At.	Home	Baltimore Cou	mty, Maryland	
3. FATHER'S NA			1.0210	14. MOTHER'S MAIDEN	NAME	
	Willia	m Bremke	er	Laura	Blakely	
5. Was Deceased	Ever in U. S. Armed For	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknows	n) (If yes, give wor or dote	es of service)	none	Miss Frances	B. Roth, 4002	Mortimer Ave.
18. 14. 2	7		CAUSE O	F DEATH		INTERVAL BETWEEN
1						ONSET AND DEATH
DISEA	SE' OR CONDITION DI	RECTLY	12/1	× -	1.0	
	LEADING TO DEATH		(A) Che	sie lyses	roles	
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	osthenio, etc. Il meons		No.	1227C	1) Oracles	\
injury ar cor	mplication which coused	deom,/	JIP.	all Desid A	fferen.	
	ANTECEDENT CAUSES		(B)	meding a	Mezy-out	• • • • • • • • • • • • • • • • • • •
DISEASES	OR CONDITIONS, if	ony giving	201.19	0		
	e abave cause (A)		(C)			
	G CONDITION lost.	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	
	4.1					
Z OTHER SIGN	III	ONTRIBILITING				
TO THE D	DEATH BUT NOT RELA	ATED TO TH	E			
A DISEASE OK	CONDITION CAUSING	IT.				
19A. DATE O			WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
	WAS PER	FORMED			IN CERTIFIED CA	OSES OF DEATH!
U 21A. ACCIDE	NT WAS UNDERLYING	21 R	PLACE OF INTERVIEW	n or obout 21 C. WHERE DI	D (If in Boltimor	e City, give exact location)
OR CONTRIB	UTING CAUSE OF	hom	e, form, foctory, street, o	ffice bldg., INJURY OCCU		Bite exect tocololi
DEATH (notif	y medical examiner	etc.)				
21 D. TIME	(Month) (Doy) (Year)	(Hous) 215	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
OF INJURY					HITORI WOODR:	
(APPROX.)		Whi	ile At Not Whi			
			,			21 8.2
22. I certify	that (1) (this hospita	l) attended th	he deceased from	15	19 65 10	3/ 1985
that (I) (we) last sow the decease	ed alive on	Survey	3/1965	d that in (my) (one) and	inion death occurred on the da
			1			Seem Seconded on the de
and hour on	d from the causes sta	ted abave. (f	(We) (did) (did not)	view the body ofter dec	ith.	
23A. SIGNAT						238. DATE SIGNED
(. (Kude	eer ?	M.D. AH	ending Med.	Stoff	1 3/65
	·) verou		Phy	s. Director	Phys.	1) > / 6
23C. PHYSICI				23D. ADDRESS		
NAME (Cocil	Rudner,	M D MA	6921 P.	eisterstown Ro	had
AA BUR'A' SE						
4A. BURIAL CRI REMOVAL	EMATION, 248. DATE (Specify)	24C.N	AME of CEMETERY of CR	EM ATORY 24	D, LOCATION (C	City, town, or county) (Stote)
Burial	- 1. 11 -	Draw	id Ridge Ceme	t.erw I	Pikesville, Ba	Ito. Co. Md.
	BY HEALTH DEPT.					ADDRESS
JA. DATE REC'L		230. NAME	OF REGISTRAR	25C. JUNERAL DIREC		
	FEB 2 1965	(R. Dw. 15	E. Janken M.A	101 Vormon	20mmon 461]	Park Heights Ave.
/S 150-REV. 1/1/		MUNAVA		An I Dillow	The state of the s	
W 100-HE TO 1/ 1/	~~				·	

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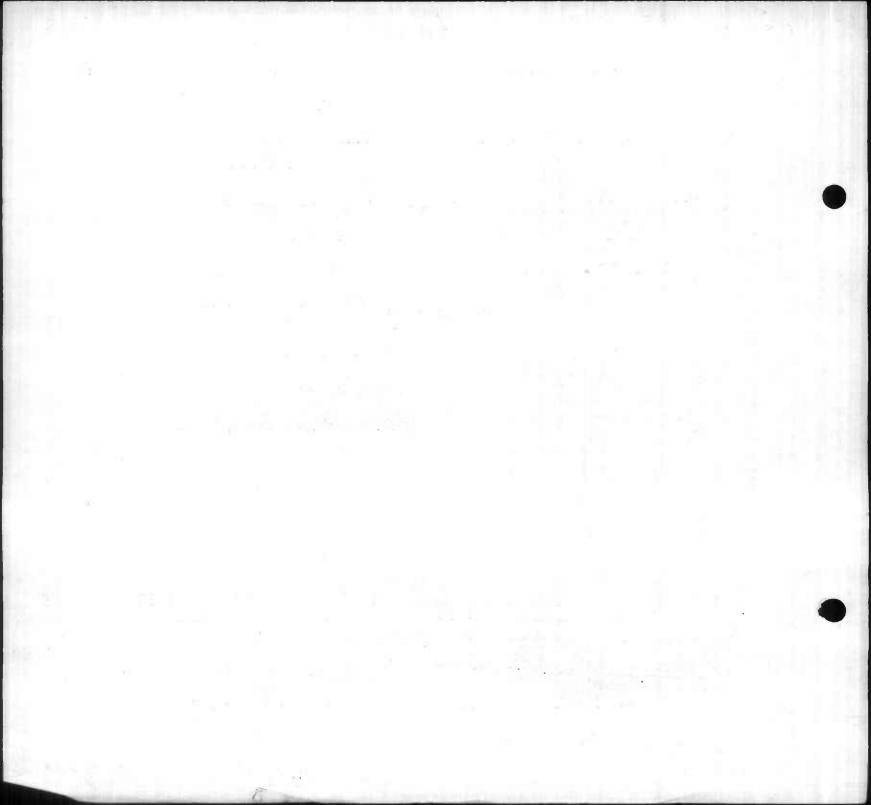
VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CEPTIFICATE OF DEATH Registered

BIRTH NO. MEDICAL EXAMINER 3	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	The state of the s
1. NAME OF DECEASED (Type of Print) ELLA GRAY	1/29/65 11:45 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
THE MANAGER OF THE MOTING HOSPITAL OR INSTITUTION CIVE STREET	Baltimore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Ilf outside corporate limits, write RURAL and give township)
INSTITUTION	Maryland / 3 - 3 8
	D. STREET ADDRESS (If juiol, give locotion)
2007 T	
3801 Bonner Rd.	3801 Bonner Rd.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
female colored Widaw	12-10-1889 75
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	FRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Mil. WHAT COUNTRY?
HOUSEWITE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. PATHER'S THE PARTY STATES	Ella Whita
James VIIIIe	F-1100 VV1110
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, na or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
Ma State of the services of services	Maria Wilhard 380/ Backering to
//0	CACCAL KIDNONS SOM FRANKINGANO
18. CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	
LEADING TO DEATH AFTER	iosclerotic cardiovascular disease
(This does not mean the mode of dying e.g., heart failuse, asthenia, etc. It means the disease, injury or complication which coused death.)	
injury or complication which coused death.)	
AMTECEMBENT CALISES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	······································
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
O CONTRACTOR OF	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O O	no
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g	g., in or obout 21C. WHERE DID IIf in Boltimore City, give exact location)
UTING CAUSE OF DEATH. home, form, foctory, street, etc.	office bldg., INJURY OCCUR?
3	ALE HOW NO AND
21D TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NO	WORK
22.	
I certify that I held an Inquiry Inspection by A	Autopsy and thot on this basis, deoth in my opinion
resulted from: Notural couses X Accident Suic	ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL MODE A LA /	DATE SIGNED
SIGNATURE MANA MANAMA	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1/29/65
NAME (Type) W.U. Spitz. M.D.	
23A. BURIAL CREMATION, 23B. DATE	Y of CREMATORY 23D. LOCATION (City town for county) (Stote)
REMOVAL (Specify) Joh / 1015 MF/11/1	Mises Mill 1881/1+ YIld.
1-201 10c/ 10p/ 1760 11/10/00 1	124C, FUNERAL DIRECTOR ADDRESS
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	
FEB 2 1965 (P.D., 15 E. Jankey M	MINGER FRANCIAN Klones 2100 / heardhe

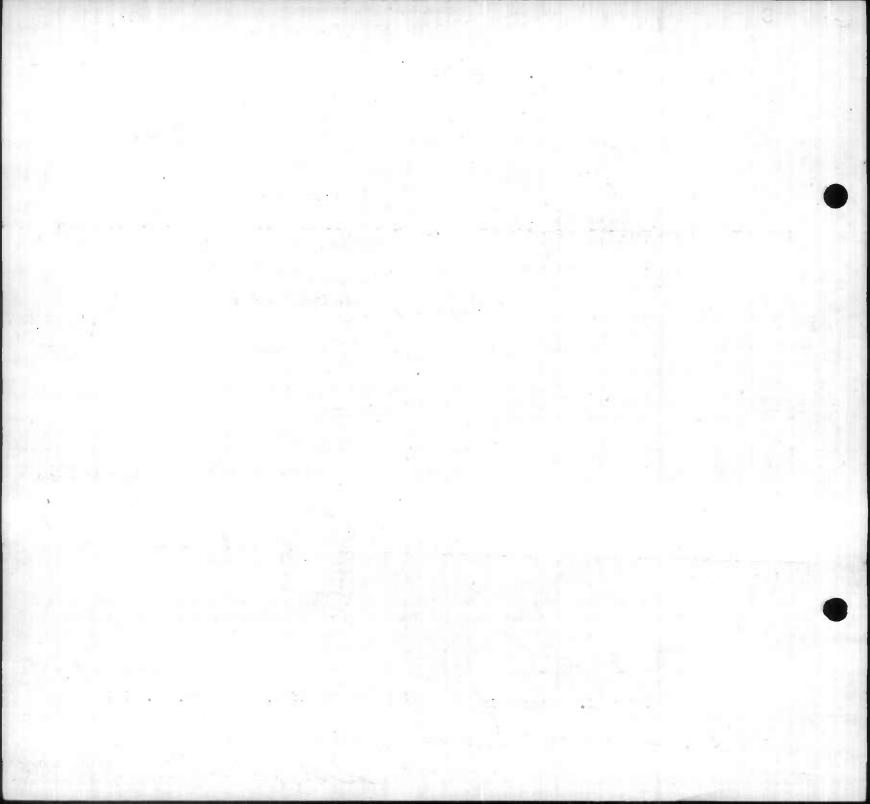


05 4460	BALTIMORE CIT	Y HEALTH DEPARTMENT	05
ыктн но. 65 1188	CERTIFICA	ATE OF DEATH Registered No	. 65 1188
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
(Type or Print) ROBERT F ST	EFFEN	1 30 65	9:30A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Whore docoosed lived. If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	stitution, give street	MARYLAND C. CITY OR TOWN (If outside city limits, write	e RURAL ond give township)
ST AGNES HOS	PITAL	D. STREET ADDRESS (If rurol, give location)	63-00
		1007 FREDERICK RD	
5. SEX 6. RACE 7. N	AARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
MALE WHITE	MARRIED (specify)	10 28 99 lost birthdoy) 65	
IDA. USUAL OCCUPATION (Give kind of work) 10 B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Stoto or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DAIRY WORK	DAIRY	GERMANY	GERMANY
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
KARL STEFFE	V	MARTHA FENNER	
5. Was Deceased Ever in U. S. Armed Forcos? Yes, no or unknown) (If yos, give wer or dotes of	11 6. SOCIAL	17. INFORMANT	ADDRESS
7 937 9170 701 01 00103 01	21738438	ST AGNES HOSP RECORD	OS
18. 582 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY		ONSET AND DEATH
LEADING TO DEATH	(A) C	pelso suduce	
(This does not mean the made of dyin heart (ailure, asthenia, etc. It means the	diseose,	1.1	
injury or complication which coused deat	th.)	Leptie en 4	
ANTECEDENT CAUSES	DUE TO	1 0 1 1 1 0 1	· · · · · · · · · · · · · · · · · · ·
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state		lectusio (lowr loke of P) Lu	W F
UNDERLYING CONDITION lost,	ing the (C) parts		
11			
OTHER SIGNIFICANT CONDITIONS CONT			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IO THE		
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INITION (2.0		ore City, give exect location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, stroot, etc.)	office bldg., INJURY OCCUR?	ole only, give oxoci locononi
O 21 D. TIME (Month) (Day) (Year) (He		21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wi	hile [
(APPROX)	Work Al Wor	k 🗀	1 30
22. I certify that (I) (this hospital) att	rended the deceased fram	1 29 1965 to	1 30 1965,
that (1) (we) last saw the deceased al	ive an 1 30	19 65 and that in(my) (aur) a	pfnlon death accurred an the date
and haur and from the causes stated a	sbave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	B. 1.		238, DATE SIGNED
JUNIA	BULLE AM M.D. A	ttending Med. Stoff Phys.	1-30-65
23C. PHYSICIAN'S		23D. ADDRESS	
MAME (Type) MIGUEL A	HEREDIA M.C	STI BGUEN HOUT	AD .
44. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY of C		City, town, or county) (State)
REMOVAL (Specify)	10,000 /11-0	16.10.00	AA (
DURIAL 4126/63		ERD HOWARD CO	7 /11
A LONG A	NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	301 FREDERICK R
FEB 2 1965 ()	CON C. TOWN.	E. S. MACNABB	2122
/S 150-REV. 1/1/65			0



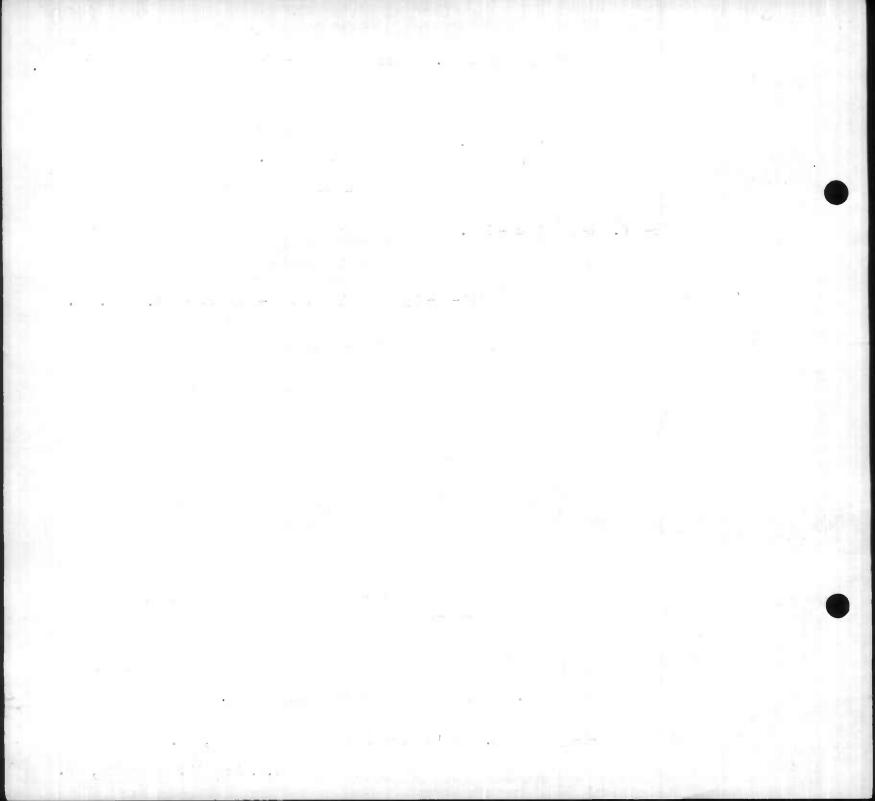
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	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 1189
BIRTH NO. 65 1189 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 1100
1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
(Type or Print) JAMES GF	REEN		JAN-2629	1651 5-30Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				itution: residence before admission)
		A. STATE B. COUNT	_ 1	110 451
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN (If outs	NNE HRU	
INSTITUTION	51	3 11000 100	D D	The one give lownship
MONTEBELLO STATE	HOSPITAL	D. STREET ADDRESS (IF I	rural, give location	0, 000
		RT 3	BOX 108	
S. SEX 6. RACE 7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH		Will be a Market by the control of t
V WIDO	WED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF
done during most of working life, even if retired) FARMER.		MO		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE O	0.3./1
JAMES GREEN		SELMA	r ;	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL	17. INFORMANT		ADDRESS
No	UF	Hospital Reco	rds	
118	CAUSE C	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(F	REBRAL THR	amBosis	4 mm.k-
(This does not mean the mode of dying,	g.g., DUE 10			and the state of t
heart laiture, asthenio, etc. It means the dise- injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B) MR	TERISCLERO	212	cenknow
	DUE TO	HE IN HANDING MINE () \$\psi p \psi n \ n \ 0 \ 0 \ 0 \ p \psi p \psi 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0		
DISEASES OR CONDITIONS, if any, giver rise to the above couse (A) stating	48			
UNDERLYING CONDITION last.	the (C)	~~~~		M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING DINA	TES MELLI	171/5	Sereral yn,
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE 11113 6 1	100	700	seneral fro.
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FINANCE OF OPERATION 198. CONDITION FOR CONDITION FOR CONTRIBUTED TO THE PROPERTY OF THE PROP		Ks	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)	mice blag., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IBY OCCIIP?	
\$ 0	While At Not Whi		TRY OCCOR:	
(APPROX)	Work At Work			
22. I certify that H) (this hospital) attended	d the deceased from	11-16	964 10	1-26 1965,
that (1) (we) last saw the deceased alive	- 1	and the same of th		an death occurred an the date
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on death account on the date
and haur and from the couses stated above	b. (I) (We) (did) (did not)	view the body after death.	1-	
23A. SIGNATURE	44.5	anding — Adad —	/	23B, DATE SIGNED
Living I Coperstein	M.D. All	ending Med. Director	Stoff Phys.	JAN 26, 1965
23C. PHYSICIAN'S NAME (Type)	2000	23D. ADDRESS		3 00 00 0
Irving L. Cooperst	ein 2201	Argonne Drive,	Baltimore, M	d. 21218
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	, town, or county) (State)
REMOVAL (Specify)	ALDINA C	6 2 62/ 1	1 1	Mal
DVF/A- 1-27-65	-VENT	1 Ape - 1/t	114.60.1	70.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	By Colsten	28C. FUNERAL OFRECTOR	· / IH.	ADDRESS - The
FEB 2 1965 (12.C.	M C' 400000.	18/2/1	ceps 6	Amapelis 1114
VS 150-REV. 1/1/65				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT	65 1190
arth No. 65 1190	CERTIFICA	TE OF DEATH W Registered N	
A.E. CASE NO.	0=1(1)(1)	2, DATE AND HOUR OF DEA	TH
	middle N. Rebecc		2:00
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
		A. STATE B. COUNTY	1111
FULL NAME OF (If not in hospital or institu HDSPITAL OR oddress or location)	tion, give street	Maryland C. CITY OR TOWN (If outside city limits, wi	ite RURAL ond give township)
Provident H	ospital		ite RORAL ond give township)
1514 Divisi		D. STREET ADDRESS (If rurol, give location)	20010
	Maryland 21217	47 Fleet St.	
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr
Female Negro	Married	12-20-05 lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic- Ed. State Office	-Bldg.	Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Offer		Sadie Snowden	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
res, no or unknown! (If yes, give wor or dotes of serv	security No. 213-36-0156	Naomi Pettaway-9 Rosemary	
18. / 7 / , 0	CAUSE C	PF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A)	rdio-Respiratory Failure	9
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc			
injury or complication which caused death.)		ncer of Urinary Bladder	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gi	1111	rked Anemia	
rise to the obove cause (A) stating UNDERLYING CONDITION tast.		***************************************	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WE	RE FINDINGS CONSIDERED
WAS PERFORMED		NO IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bidg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
\$ 0. 114000	While At Not Whi		
(APPRDX)	Work At Work	1 1-	
22. I certify that (1) (this hospital) attend	led the deceased from		1-28-65 19
that (I) (we) lost sow the deceased alive	on 1-28-65	19ond that in(my) (aur)	opinion death occurred on the de
and hour and from the couses stated abou			
23A. SIGNATURE	/ / /	The body offer doom.	23 B. DATE SIGNED
and (1. docu , M.D. AH	ending Med. Stoff Phys. X	
23C. PHYSICIAN'S	Phy	23 D. ADDRESS	1-28-65
NAME (Type) Delfine P.	David M.D.	1514 Division St.	
	C.NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	Oh Masselle Cat	h-14- 7 A	a
Burial 2-1-65 5A. DATE REC'D BY HEALTH DEPT. 25B. NA	St. Mary's Cat	holic Annapolis, Me	Q. ADDRESS
A CONTRACTOR OF THE PARTY OF TH	BE STATUTED	16 11 elso HI	
FEB 2 1965 P.C.	TE VOLUMENTIN	C.E.Hicks II	l Annapolis, Md.
/S 150-REV. 1/1/65			



deceased D.0 shows:

25A. DATE REC'D BY HEALTH DEPT.

V\$ 150-REV. 1/1/65

258. NAME OF REGISERAR

SID

of death Deceased

a hospital

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attend

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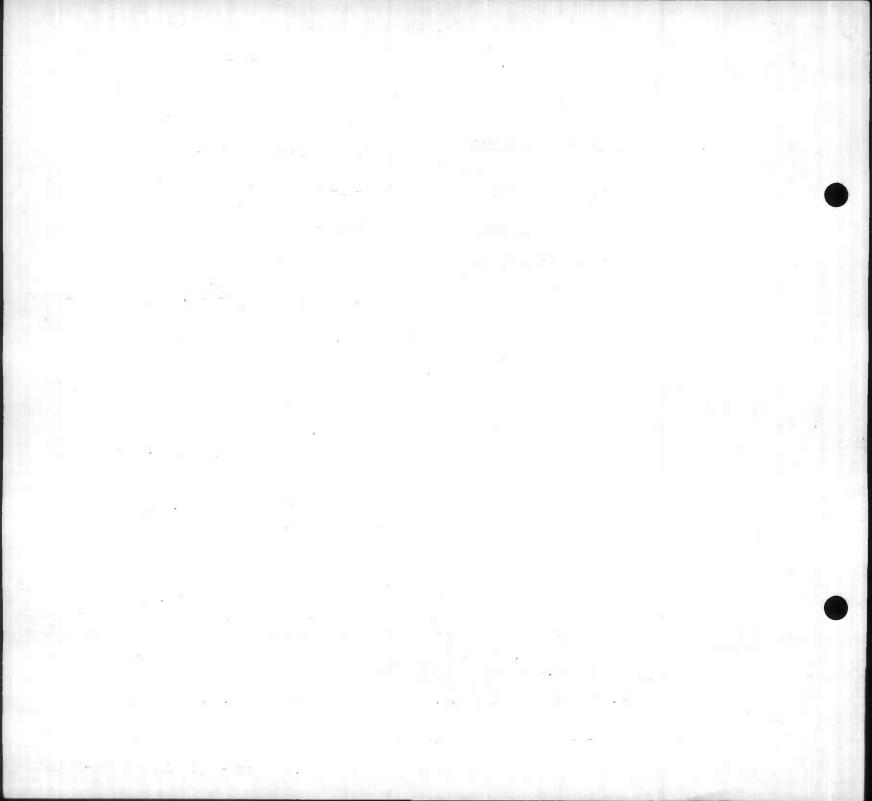
prior

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1 - 30 - 65Odensos Annie 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Maryland (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) SAINT AGNES HOSPITAL 3508 Georgetown Road - 21227 made. 8. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIYORCED (specify)
Married lost birthday) 2-25-87 Female. White to USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Maryland Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Winters George Arnold, Sr 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT Sr. ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr. William Odensos-3508 Georgetown Rd-21227 No CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from C that (1) (we) last sow the deceased alive an ond that in (my) (apinian deoth occurred on the dote and hour and from the causes stated above. (1) (We) (414) (dtd not) view the body after death. 238. DATE SIGNED Attending Phys. Med. Stoff Director L approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) C. Arthur Rossberg, M.D. 2436 Washington Blvd. 21230 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 2-3-65 Loudon Park Cemetery Baltimore, Maryland

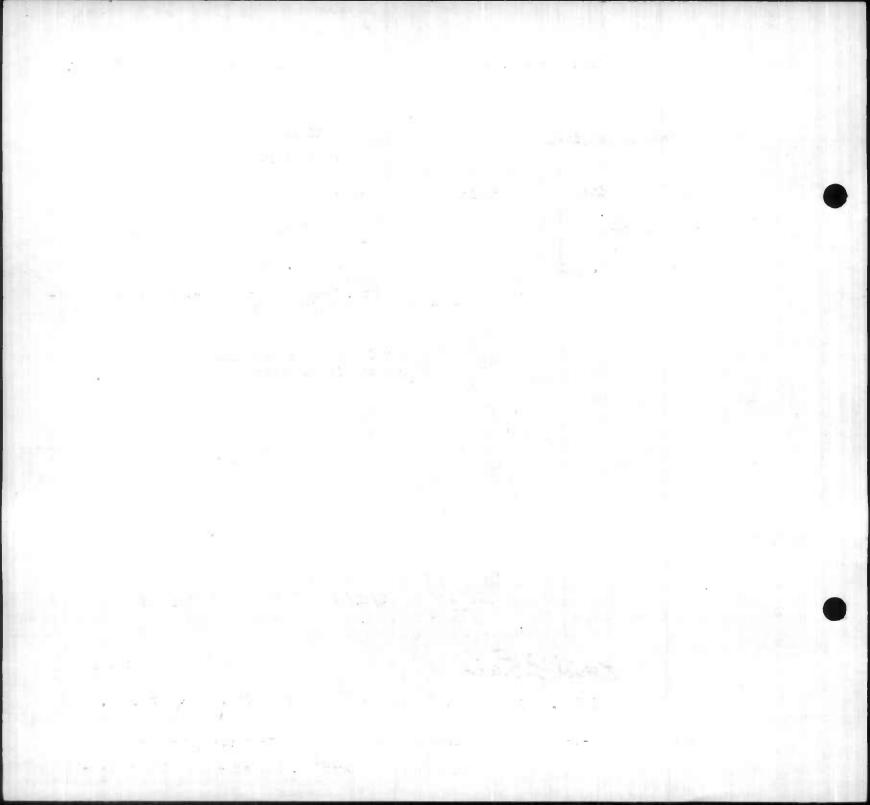
25C. FUNERAL DIRECTOR

Howard H. Hubbard-4107 Wilkens Ave-21229

ADDRESS

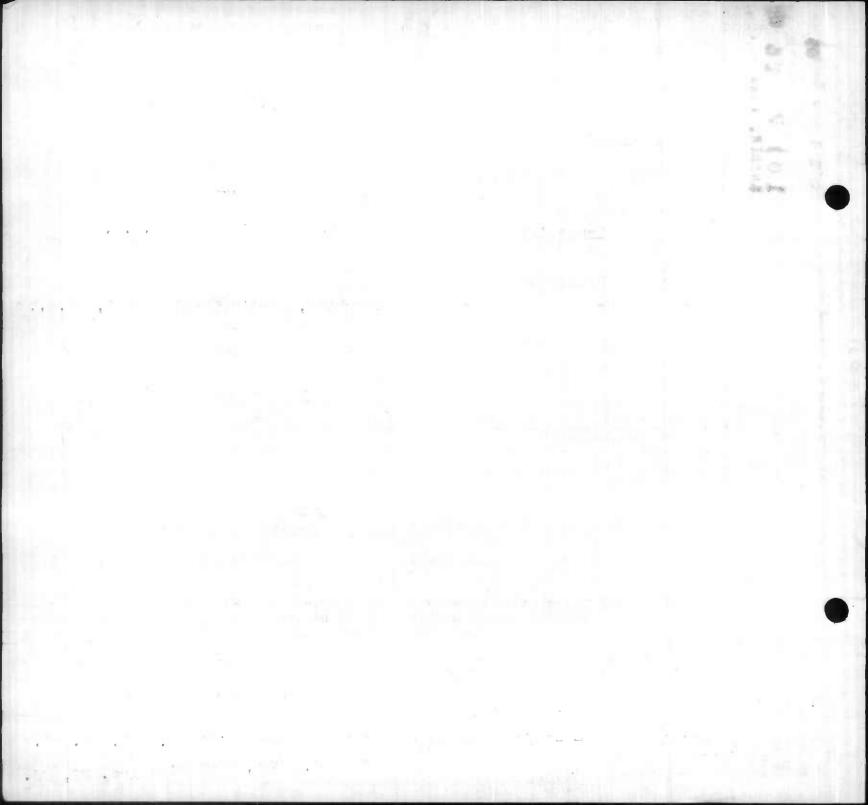


LIAB	IAME OF DECEASE		san.				AND HOUR OF DEA	тн
	pe or Print)		omi Irene				/30/65	1:50 P.
F	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in haspital address or lacation	ar institution, give st	reel	A. STATE Mar	yland	YTNUC	If institution: residence before
		o Hospital			D. STREET		(If rural, give location) rd Road	
5. \$	Female 6. R	White	7. MARRIED, NEVE WIDOWED, DIV	R MARRIED ORCED (specify)	8. DATE OF 5/23	BIRTH /1895	9. AGE (In years last birthday)	If Under 1 Yr. If Unc Manths Days Hours
dans	USUAL OCCUPATE during most of working Presser-Sk	ng life, even if retired)	KIOB, KIND OF BUSIN	NESS OR INDUSTR		ace (Stote or aryland		12. CITIZEN OF WHAT COUNTRY?
13.	Isaac Whi	te M. Helm				ary V.		
15. Yes	Was Deceased Even s, no or unknawn) (II y No	in U. S. Armed For ves, give wor ar dote	es of service) SI	ocial ecurity nd. -07-6815	Mrs. M	ant arie Mo spital 1	ntgillion-12 Records	ADDRESS 253 Haverhill R
	LEA	R CONDITION DIED TO DEATH		(A) Cat	of DEATH	of Bres	ast with	INTERVAL BETY ONSET AND D
	heart failure, asth	nean the mode of enio, etc. It meons otion which coused	the disease,	Me:	tastasis	to Lu	ngs	4 yrs.
				(B)				
z	DISEASES OR O	ECEDENT CAUSES CONDITIONS, if bove couse (A) ONDITION last.	any, giving staling the	DUE TO				
ICATION	DISEASES OR OF THE SIGNIFICATO THE DEAT TO SEASE OR CON	ECEDENT CAUSES CONDITIONS, if bove couse (A) ONDITION last. II ANT CONDITIONS CA H BUT NOT RELA IDITION CAUSING	any, giving stating the CONTRIBUTING ATED TO THE	(C)				
RTIFICATION	DISEASES OR OF THE SIGNIFICATO THE DEAT TO SEASE OR CON	ECEDENT CAUSES CONDITIONS, if bove couse (A) ONDITION last. II ANT CONDITIONS CA H BUT NOT RELA IDITION CAUSING	any, giving staling the CONTRIBUTING ATED TO THE IT.	(C)		TOPSY? (Yes o		
AL CERTIFIC	DISEASES OR OF TISE TO THE DEAT DISEASE OR CON 19A-DATE OF OPI	CONDITIONS, if bove couse (A) DNDITION last. II INT CONDITIONS CH BUT NOT RELADITION CAUSING ERATION 198. CONWAS PER	STATES TO THE IT.	(C)	20A. AU NC	TOPSY? (Yes o	r No) 208. IF YES, WE IN CERTIFYING	
ICAL CERTIFIC	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OPI	CONDITIONS, if bove couse (A) DNDITION last. II INT CONDITIONS CH BUT NOT RELADITION CAUSING ERATION 198. CONWAS PER	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH FORMED 21B. PLAC home, form	OPERATION E OF INJURY (e.g., n, foctory, street, reversely)	20A. AU NC in ar about 21 office bldg., 1N	TOPSY? (Yes o) C. WHERE DI JURY OCCUS	r No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OR OF THE DEAT OF THE DEAT OF OPINION OF CONTRIBUTING OF INJURY (APPROX.) ANTICOPENSATION OF THE DEAT OF OPINION OF CONTRIBUTING OF INJURY (APPROX.) 21. I certify that that (I) (we) los	CONDITIONS, if bove couse (A) DNDITION last. II INT CONDITION SC. H BUT NOT RELADITION CAUSING WAS UNDERLYING GO CAUSE OF Glood exominer In (1) (this hospital it saw the decease	any, giving staling like CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH for Med. 21B. PLAC home, farred: (Haur) 21E. tNJU While At Wark I) attended the deed alive an 1/2	OUE TO (C) H OPERATION E OF INJURY (e.g., n, foctory, street, work of the control of the cont	in or about 21 office bldg., tN	TOPSY? (Yes o) C. WHERE DI JURY OCCUI F. HOW DID	r No) 20B. IF YES, WE IN CERTIFYING D (If in Baltin INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OR OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OPI DEATH (notify med of injury (APPROX.) 21D. TIME (Moor of injury (APPROX.) 22. I certify that that (I) (we) los and hour and from 23A, SIGNATURE	CONDITIONS, if bove couse (A) DNDITION last. II INT CONDITION SC. H BUT NOT RELADITION CAUSING WAS UNDERLYING GO CAUSE OF Glood exominer In (1) (this hospital it saw the decease	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH FORMED 21B. PLAC hame, forr etc) (Haur) 21E. INJU While At Wark	OPERATION E OF INJURY (e.g., n, foctory, street, was at word at word at word coosed fram	in ar about 21 office bidg., the state of th	TOPSY? (Yes o) C. WHERE DI JURY OCCUP F. HOW DID and dy after dea	r No) 20B. IF YES, WE IN CERTIFYING D (If in Baltin INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact lacation
MEDICAL CERTIFIC	DISEASES OR OF THE DEAT OF THE DEAT OF THE DEAT DISEASE OR CON 19 A. DATE OF OPI OR CONTRIBUTINDEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and from the contribution of the con	CONDITIONS, if bove couse (A) DNDITION last. II INT CONDITION SC. H BUT NOT RELADITION CAUSING WAS UNDERLYING G CAUSE OF bicol examiner) It (I) (this hospital t saw the decease of the causes started to the cause s	CONTRIBUTING ATED TO THE IT. DOTTON FOR WHICH ADDITION FOR WHICH ADDI	OPERATION E OF INJURY (e.g., n, foctory, street, was at word at word at word coosed fram	20A. AU No in ar about 21 office bldg., 1N 21 5/21/64 5/21/64 19 view the ba tending 23D. ADDRE: 2201	TOPSY? (Yes of the control of the co	INJURY OCCUR? 19 ta 1.4 d that In(my) (aur)	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact lacation /30/65 oplinion death occurred of 1/30/65



	FUNERAL DIRECTOR: IMPORTANT	MPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death oc the body was released to the hospital by a medical examiner. Also, if the direct or conshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeternwas D.O.A. at a hospital (except where the physician who pronounced death was in redeceased prior to death); and (6) No physician was in regular attendance on the deceased	he chief medical examiner or I by a medical examiner. Al (2) Body burns; (3) A fracture the physician who prono physician was in regular at	Iso, if the direct or con of any kind; (4) Undeter- bunced death was in re- ttendance on the decea
Written approval must be obtained betore the remains are embalmed or tinal disposition is	fore the remains are embain	si uoi linal disposition is

			BALTI	MORE CITY	HEALTH DEPARTME	ENT			
M.	TH NO. 6		CER	TIFICA	TE OF DEA	15		_1193	
	Pe or Print)				2. D	ATE AND HOUR OF DEAT	H	-50	0
3.	PLACE OF DEA	Anna Snyder	RYLAND		4. USUAL RESIDENC	E (Where deceased lived, If	institution: resid	lence before oc	mission)
					A. STATE B.	COUNTY			
	FULL NAME O	F (If not in hospital address or location	or institution, give street		Maryland	Baltimore Co		ve township)	
	NSTITUTION				Baltimore	77 d		4.2-11	0
B	Johns Ho	pkins Hospit	al		D. STREET ADDRESS	(If rural, give location)		20 V	
					7609 Nort	hpoint Road			
5. S	emale.	6. RACE White	7. MARRIED, NEVER MAR WIDOWED, DIVORCED Widow		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: Do	Yr. If Under	24 Hrs. Min.
		PATION (Give kind of work vorking lile, even il retired) Housew	108, KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Store	or foreign country)	U.S.A	COUNTRY?	
13.	FATHER'S NAM		110		14. MOTHER'S MAID		0 000 022	•	
15	John Lar	Ever in U. S. Armed For	ces? 16. SOCIAL		Wilhelmen	a ??	A	DDRESS	
(Ye	s.no or unknown	(If yes, give wor or dote	s of service) SECURIT			Day 14 2.75			
	No	No	No	CAUSE O		Pauline Ball			
	1B. 420	2, / I	NECT! V	4	1	111		ISET AND DE	
		E OR CONDITION DIE		M	yorardial	Markon		1 drus	
		ot mean the mode of	dying, e.g.,	DUE TO		10	1		
		asthenia, elc. II means plication which caused		1	townelouslin	Carlingrand	2. 1.	21/10	
	1	ANTECEDENT CAUSES		B) W	perior will	Coole O Viscoa	um.	Soy	
	DISEASES O	R CONDITIONS, it		R	ilat man	111101110		1 Da.	
		above cause (A)	stating the	(C) / 2	yai, prieu	None		1 way	
		11			/			/	
NO	OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING		Non				
ATION	DISEASE OR	EATH BUT NOT RELA CONDITION CAUSING	Т		Trans			****	
ERTIFIC,	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPER.	ATION	20A. AUTOPSY? (Ye	20B. IF YES, WER	E FINDINGS CO	ONSIDERED	
CERT	21 A. ACCIDEN	T WAS UNDERLYING	21B-PLACE OF II	NJURY (e.g. is	or obout 21C. WHERE	DID (II in Rollin	ore City, give e	xoct location	
AL	OR CONTRIBU	TING CAUSE OF	home. form, focto	ory, street, of	fice bldg., INJURY OC		on, gree	AUGI IUCUNUII)	
DIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OC	CURRED	21 F. HOW F	DID INJURY OCCUR?			
MEI	OF INJURY		While At	Not While	e 🦳	Mori occur.			
			Work -	At Work	1/20/15	110	/		1 -
) attended the deceased	31	1/80/65	19 65 ta			65.
		last saw the decease	_			and that in (my) (our) b	ptnion deoth	occurred on	the date
			red abave. (I) (We)(did)	(did not) v	iew the body ofter	death.		11	
	23A. SIGNATU	741/11 C	Mandelle	M.D. Atte	ending Med.	Stoff A	238. DATE :	1/3//L	1
	U	vaux. C-	Madadey	Phy	s. Directo			1/31/0)	
	23C. PHYSICIA	ype)			23D. ADDRESS	uns Horskins	Balx	1. Md	
2.4	DUDA CO	Willis C. 1		M.D.	Ju	10.0	,	,	
	REMOVAL (S		24C. NAME of CEM				(City, town, or o	county)	(Stote)
-	urial	2-4-1					d. Bal.		d.
25/	A. DATE REC'D	ED 9 1005	25B. NAME OF REGISTRAR	2.4.1	JOHN J. I	UDA 7022 W	A no.	ADDRESS	
1	1	EB 2 1965	16000 C. 100	200		UDA, 7922 W	Tae VAe	. 22,	Md.
V2	150-REV. 1/1/6	5							

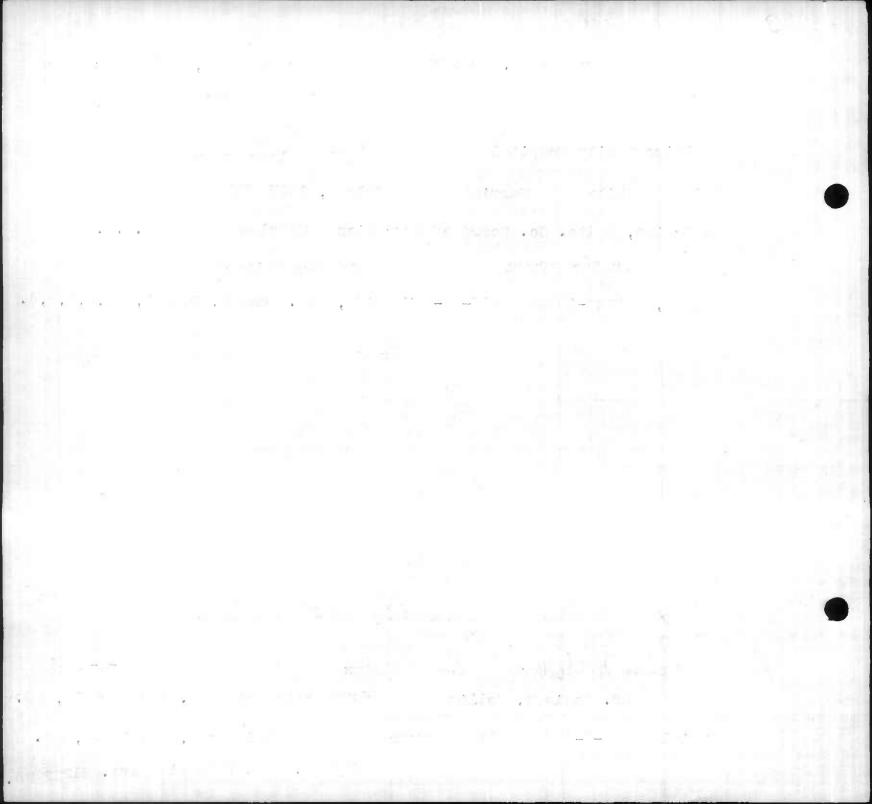


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- Purhamma Enemailena marinist of E France - Lister Sansti y Filler Le-C-8 -00/-1/

V\$ 150-REV. 1/1/65

BA	LTIMORE CITY HEALTH DEPARTMENT			
BIRTH NO. 65 1195 CI	ERTIFICATE OF DEATH × Registered No. 65 1195			
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
Gustav F. Hub				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decoased lived. If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (If not in hospital or institution, give street	Maryland Baltimore			
HOSPITAL OR oddross or location) INSTITUTION	C. CITY OR TOWN (If outside city (imits, write RURAL and give township) Edgemere			
Baltimore City Hospital	D. STREET ADDRESS (If rural, givo location) 2914 Delmar Avenue			
5. SEX 6. RACE 7. MARRIED, NEVER A WIDOWED, DIVORCE MARRIED, NEVER A WIDOW				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES dane during most of working life, even if retired) Custodiam, Balto. Go. Board	WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Gustav Hubert	Johanna Walters			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCI				
	0-0272 Wife, Mrs. Anna A. Hubert, #4,a,b,c,d.			
1B. 1/20 /	CAUSE OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH	DUE TO Conon ary thromboses 5 days.			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the	(C)			
UNDERLYING CONDITION last.				
Z COURS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
1994. DATE OF OPERATION 198. CONDITION FOR WHICH O	PERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
218. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID (If in Boltimoro City, give exact location) OR CONTRIBUTING CAUSE OF CAUSE OF Or CONTRIBUTING CAUSE OF Or CONTRIBUTING CAUSE OF Or CONTRIBUTING CITY, give exact location) Or CONTRIBUTING CAUSE OF INJURY OCCUR? Or CONTRIBUTING CITY, give exact location) Or CONTRIBUTING CITY, give exact location city Or CONTRIBUTING CITY, give exact location Or CONTRIBUTING C				
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY (APPROX.) While At Work	OCCURRED 21 F. HOW DID INJURY OCCUR? Not While At Work			
22. I certify that (I) (this hospital) attended the decea				
that (I) (%) last saw the deceased alive an	M. 26. 1965 and that in (my) (aplnlan death accurred an the date			
and haur and from the causes stated above. (1) (1)	lid) (dld nat) view the bady after death.			
23A. SIGNATURE	23B. DATE SIGNED			
Kris n- Galline M. N	Attending Med. Staff Phys. Feb-1-1965			
23C:PHYSICIAN'S	23D. ADDRESS			
NAME (Type) Dr. Louis N. Tollir	M.D. 6908 North Point Rd. Edgemere 19, Md.			
	EMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)			
REMOVAL (Specify)	deemer Belair Road, Baltimore, Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR 25C. FUNERAL DIRECTOR ADDRESS			
FEB 2 1965 Robub E. J	JOHN J. DUDA 7922 Wise Ave. 21222 Md.			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such except what the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🥒

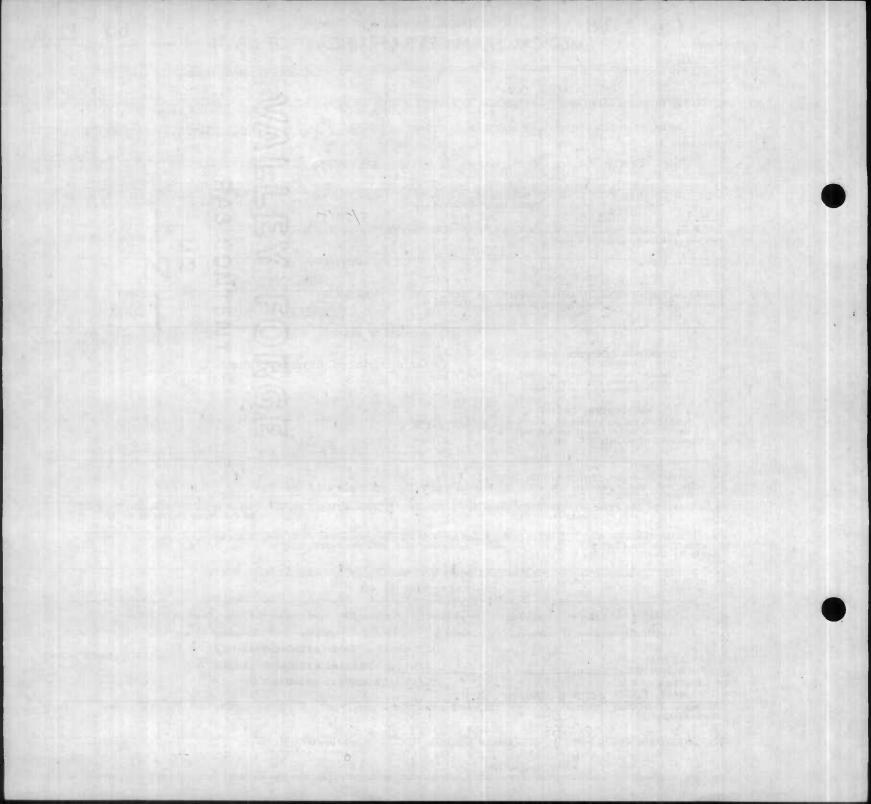
05 4400	BALTIMORE CITY	HEALTH DEPARTMENT	T	65 1196
RTH NO. 65 1196	CERTIFICA	TE OF DEATH	Registered No	65 1196
NAME OF DECEASED Type of Print) Harioric U	vidneuer	2. DATE	AND HOUR OF DEATH	18-25 A M
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	IND /	A. STATE B. CO	Where deceased lived. If insounty	stitution: lesidence before odmission)
THE JOHNS HOPKINS HO	OSPITAL	D. STREET ADDRESS 731 VIRGI	(If rural, give location)	71-03
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 8-9-05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, lone during most of working lite, even if retired) Saleslady 3. FATHERS NAME	RIND OF BUSINESS OR INDUSTRY Dress Shop	11. BIRTHPLACE (Stote or Berkley Sp. 14. MOTHER'S MAIDEN	rings, W.Va.	12. CITIZEN OF WHAT COUNTRY?
EDWARD A. RIDER 5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of		SARAH E. 17. INFORMANT Mrs. Marjorie	PAYNE	Hagerstown, Md. 731 Virginia, Ave.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not meon the mode of dyin heal follure, asthenia, etc. It means the injury or complication which coused dea	CAUSE OF		T1	INTERVAL BETWEEN ONSET AND DEATH 18 hours 48 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, ise to the obove couse (A) stot underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ling lhe (C)			
194. DATE OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION AED LISTINGTON [218, PLACE OF INJURY (e.g., ir	YES	OF NO. 20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED JSES OF DEATH? City, give exact location!
OR CONTRIBUTING CAUSE OF DEATH (nohity medical examiner) 21D. TIME (Month! (Doyl (Year) (H OF INJURY (APPROX.)	ourl 21 E. INJURY OCCURRED While At Work At Work	21F. HOW DID	INJURY OCCUR?	
22. I certify that (I) (this haspital) at that (I) (we) lost sow the deceased al and hour and from the causes stated a 23A, SIGNATURE	tended the deceosed from			nion death occurred on the date
23C. PHYSICIAN'S NAME (Type) CARL BREDENB	Phy	miding Med. Signature Med. Director 223D. Address	Stoff Phys. Hos	PITAL
Burial CREMATION, 248, DATE Burial 2/2/65	24C. NAME OF CEMETERY OF CRE Rest Have n Cementer of Cementer of Cementer of Registration of Cementer	MATORY 241	b. Location (City Hagerstown	ly, lown, or county) (Stote)
FEB 2 1965 (1)	Cut E. Jake M.A	Rest Haven	Juneral Chape	l Hagerstown, Md.

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7007	IRTH NO.	1197				
	A.E. CASE NO.	HAAK	CERTIFICAT	E OF DEATH	Registered No.	
0000	NAME OF DECEASED	2 - 4 - 4 - 0 - 1		2. DATE AN	8-65	8 35
S 0 0	PLACE OF DEATH IN		A	USUAL RESIDENCE (When	deceased lived. If in Y	stitution: residence before o
1 3 0		f not in hospital or institution, give ddress or location)		BALTIMOS STREET ADDRESS (If		RURAL and give township)
D.= L .	UNIVERSIT	V HOSPITAL		4	urol, give locotion)	AVE # 2
occurre ontribut ermined regular regular is made	SEX 6. RACE		VORCED (enecify)	DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under Months Days Hours
E 0 = 0 E	OA. USUAL OCCUPATION	(Give kind of work 10B, KIND OF BUS		7-13-88 BIRTHPLACE (State or foreign	1	12-CITIZEN OF WHAT COUNTRY?
dec dec des des des	NONE 3. FATHER'S NAME		14	MARULANDEN NAM		7
d; (4) if w ith w on th dispe	CASPER D. S. Wos Deceased Ever in			INCODALANT //	bsth.	ADDRESS
kir kir de de fina	NO	give wor or dotes of service)	SECURITY NO.		ily -d	AME
o, if fan, nced enda d or		CONDITION DIRECTLY	CAUSE OF			ONSET AND DE
Pa Se E	(This does not meon	NG TO DEATH n Ihe mode of dying, e.g., o, elc. Il meons lhe diseose,	DUF TO	NOTY END UC THROMIN UNDUC CE	0145	128
ner act pr	injury or complication	which coused deeth.)	(B) 128/	10 thro HI.	0515	1/27
wh who sin	DISEASES OR COM	NDITIONS, if ony, giving e couse (A) stoling the	DUE NO	WOUND CO	rvix Stant	211
	UNDERLYING CONI		and State Standard	ang a ag a tha a detra a a tha a dees a		
						1
medical medical burns; physicic an was remain	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE TION CAUSING IT.				
chiefra m Body the p ysicia e the i	TO THE DEATH DISEASE OF CONDITION OF OPERAL	BUT NOT RELATED TO THE TION CAUSING IT. FION 198. CONDITION FOR WHICE WAS PERFORMED CAPE	WOHA CONIX	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
the chall by (2) Bo ere the oppy:	19A. DATE OF OPERA 21A. ACCIDENT WAS	BUT NOT RELATED TO THE TION CAUSING IT. TION 19B. CONDITION FOR WHICE WAS PERFORMED 21B. PLA GUNDERLYING CAUSE OF CAUSE OF	WOHA CONIX	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion)
y the chital by e; (2) By there the No phy:	19. DATE OF OPERAL 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	BUT NOT RELATED TO THE MION CAUSING IT. FION 19B. CONDITION FOR WHIG WAS PERFORMED LOCALISE OF CAUSE OF Lexominer (Doy) (Yeor) (Hour) While A	CE OF INJURY (e.g., in coorm, factory, street, offic	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	
proved by the chine he hospital by ny nature; (2) Bexcept where thank (6) No phy: obtained before	19. DATE OF OPERAM 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (I	BUT NOT RELATED TO THE MON CAUSING IT. FION 198. CONDITION FOR WHICE WAS PERFORMED 218. PLA CAUSE OF Lexaminer) (Hour) 21E. INJ While A Work	CE OF INJURY (e.g., in corm, foctory, street, office URY OCCURRED Not While At Work Acceased fram 1990	21F. HOW DID INJ	(If in Boltimor	e City, give exect locotion)
e approved by the charter to the hospital by of any nature; (2) B tal (except where that); and (6) No phy; be obtained before	19A. DATE OF OPERATOR OF CONTRIBUTING DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I that (I) (we) last so and hour and fram	BUT NOT RELATED TO THE MION CAUSING IT. FION 19B. CONDITION FOR WHIG WAS PERFORMED LOW	URY OCCURRED Not While At Work Deceased from DSC	21F. HOW DID INJ	(If in Boltimor	e City, give exoct locotion) 2
ust be approved by the cheased to the hospital by ident of any nature; (2) B nospital (except where the death); and (6) No phy: must be obtained before	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I that (I) (we) last so	BUT NOT RELATED TO THE MON CAUSING IT. FION 198. CONDITION FOR WHICE WAS PERFORMED 218. PLA 10. CAUSE OF home, feet. 10. (Doy) (Year) (Hour) 21E. INJ While A Work 10. (this hospital) attended the day the deceased alive an	URY OCCURRED Not While At Work Deceased from DSC	21F. HOW DID INJ	(If in Boltimor	e City, give exect locotion)
must be approved by the cheleased to the hospital by ccident of any nature; (2) But hospital (except where the death); and (6) No phy: all must be obtained before	19A. DATE OF OPERAM 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Manth OF INJURY (APPROX.) 22. I certify that (I that (I) (we) last so and haur and som 23A. SIGNATURE	BUT NOT RELATED TO THE MON CAUSING IT. FION 198. CONDITION FOR WHICE WAS PERFORMED 218. PLA 10. CAUSE OF home, feet. 10. (Doy) (Year) (Hour) 21E. INJ While A Work 10. (this hospital) attended the day the deceased alive an	CE OF INJURY (e.g., in corm, foctory, street, office URY OCCURRED Not While At Work Ce ased fram 1990 (e) (did (did nat) view) M.D. Attend Phys.	21F. HOW DID INJ	(If in Boltimor	e City, give exoct locotion) 2
rtificate must be approved by the child by your released to the hospital by (1) An accident of any nature; (2) B. O.A. at a hospital (except where the prior to death); and (6) No phystapproval must be obtained before	19A. DATE OF OPERA 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical TO INJURY (APPROX.) 22. I certify that (I that (I) (we) last so and haur and tram 23A. SIGNATURE	BUT NOT RELATED TO THE MON CAUSING IT. FION CAUSING IT. FION 19B. CONDITION FOR WHICE WAS PERFORMED 21B. PLA home, feetc. (Course) (Poor) (Year) (Hour) White A Work Course of the deceased alive an the deceased alive an the causes stated abave.	URY OCCURRED Not While At Work Ceceased fram 180 (a) Gird (did nat) vie M.D. Attender Phys. 231 261 271 272 273 274 275 275 276 277 277 278 278 278 278 278	21F. HOW DID INJ 19 and the bady after death. Med. Director D. ADDRESS 825 Park	(If in Boltimor URY OCCUR? 101 in(my) (aur) api Stoff Phys. OCATION (C	e City, give exoct locotion) 2
certificate must be approved by the choody was released to the hospital by vs. (1) An accident of any nature; (2) B. D.O.A. at a hospital (except where the ased prior to death); and (6) No physten approval must be obtained before	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (not	BUT NOT RELATED TO THE MON CAUSING IT. FION CAUSING IT. FION 19B. CONDITION FOR WHICH WAS PERFORMED CAUSE OF 21B. PLA home, for etc.) (Course of 1 exominer) (Course of 1	CE OF INJURY (e.g., in corm, foctory, street, office unit of the corm, street, office u	21F. HOW DID INJ 19 and the bady after death. Med. Director D. ADDRESS 825 Park	(If in Boltimor URY OCCUR? 101 in(my) (aur) api Stoff Phys. OCATION (C	28 19 Inian death accurred an 23B. DATE SIGNED BOLLE M

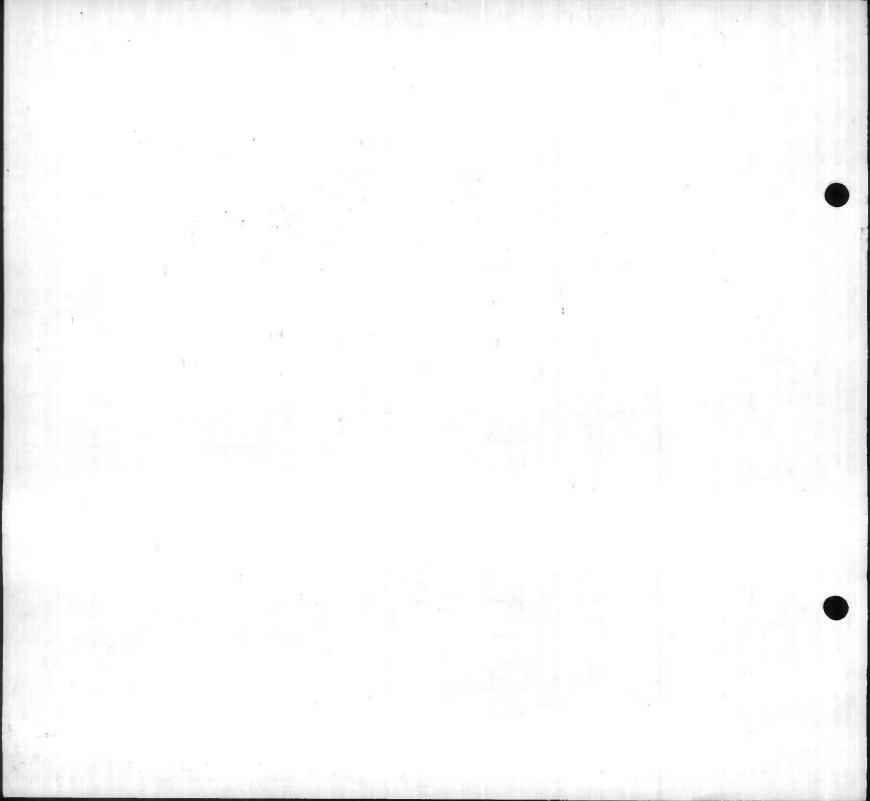
R.163

	65	1198		BALTIMORE CITY HEAL	TH DEPARTMENT		65 1198	
BIR	TH NO.		DICAL EX	AMINER'S CI	ERTIFICATE C	F DEATH Register	red Na. 1130	
M.	E. CASE NO.				X			
	NAME OF DE	CEASED			2. DA1	E AND HOUR PRONOUNCE	D DEAD	
Ciy	pe or Print)	Roger	Rafferty			Jan. 29, 1965	8:30 P M	
3. 1	PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If insti B. COU	tution: residence before odmissio	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	South Ralti	more Con	eral Hospital	Baltim	ore	52-00	
		Bouth Barti	more dem	erar nospitar	D. STREET ADDRESS (I	f rurol, give locotion) Riverview Road		
5. 5	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hr	
	Male	White	200	DIVORCED (specify)	5/28/21	lost birthdoyl 43	Months Doys Hours Min.	
				KRIED BUSINESS OR INDUSTRY			12. CITIZEN OF	
	e during most of	working life, even if retired)				WHAT COUNTRY?	
13.	ELEC.	A E	MD. DE	TDUCK	MASS.	NAME		
		RANK RAFFERT	Ϋ́		IRENE CORTO			
15.	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFORMANT	01:10	ADDRESS	
(Ye	s, no or unknown	Off yes, give wor or do	otes of service)	SECURITY NO.	FAMILY		SAME	
	18.			CALLSE	OF DEATH		INTERVAL BETWEEN	
	49	$/ \times 1$		CAOSE	OI DENIII		ONSET AND DEATH	
	DISEA	SE OR CONDITION	TH	Conso	lidated broncl	hopneumonia.	THE RESERVE TO SELECT STREET	
	(This does heart failure	(This does not mean the made of dving e.g.,						
head follure, asthenio, etc. It means the disease, injury or complication which coused death.)								
		ANTECENDENT CAU		(B)				
	RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE	DUE TO				
z	UNDERLYII	NG CONDITION LAS	•	(C)	*************************			
은	110	li li						
ERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT I	RELATED TO T	NG HE Fatty Meta	morphosis of	liver		
		OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	No) 20 B. IF YES, WERE FIN		
C	2	317.725	ERFORMED		yes	IN CERTIFYING CAUS	_	
EDICA	UNDERLYING	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.						
Σ	21D TIME (Month) (Doy) (Yeot) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE							
	22.			VORK L AT W				
		tify that I held an	***			an this basis, death in m		
	resul	ted fram: Natural a	auses A	ccident Suicid		Undetermined manne	or L	
	ACTUA	L Ped.	F 11	7	CHIEF MEDICA		DATE SIGNED	
	SIGNAT	URE	HIL	M.D.	ASSISTANT MEDICA		Jan. 30, 1965	
	NAME (. Adams,	M.D.	ASSOCIATE MEDICA	AL EXAMINEK	Jan. 30, 1909	
	MOVAL (Specif	MATION, 23B. DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	town, or county) (State)	



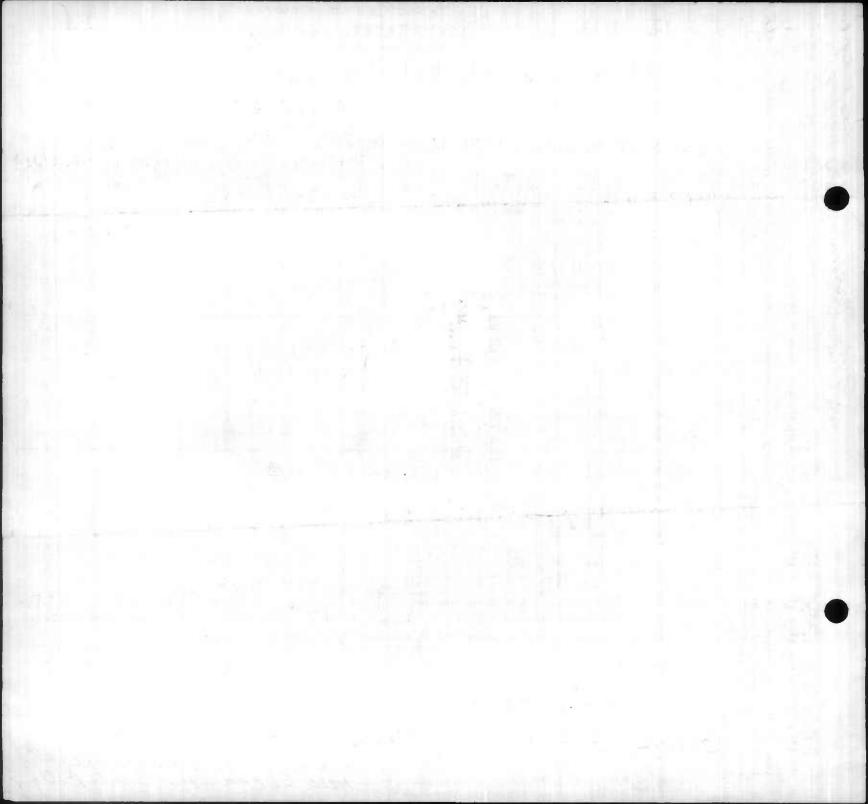
,	<	2	0	
	ed in a hospital and	d cause; (5) Deceased	prior to death. Such	0
	if death occurr	4) Undetermine	was in regula	position is mad
IMPORTANT	or his assistant	re of any kind; (4	nounced death	Imed or final dis
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner	ure; (2) Body burns; (3) A fractu	where the physician who pro	d before the remains are emba
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.

05 1100	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 1100
BIRTH NO. 65 1199 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	65 1199
NAME OF DECEASED	n VANO.		D HOUR OF DEATH	1 225 1
EMM,	A UMUC		1-29-6	
. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		ution; residence before odmiss
FULL NAME OF (If not in hospital or institut	ion, give Street	170	4	AA
HOSPITAL OR oddress or location) INSTITUTION	Jones States		side city limits, write RUI	RAL ond give township)
N31101ION		15A1	more	52-00
	2 1/ -		rurol, give location	1-71-
3554 Nelm	SIETICE	3554	Welm S	16/166
	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Nonths Doys Hours Min
F WIDO	OWED, DIVORCED (specify)	7-8-89	lost birthday	Aoninsi Doys Hours Mir
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR		gn country)	12, CITIZEN OF
lone during most of working life, even if retired)		2		WHAT COUNTRY?
MOME		///.		*
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME L.	h1 .1 .
Lo ha U	FREE	E/130	3 20	Wichne,
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	7 og	11.64 -	NAME
748				3,7
1B. 154 X 1	CAUSE	OF DEATH	V	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0-	unduana af lawa		716
LEADING TO DEATH (This does not meen the mode of dying,		rcinoma of lowe	r. power & r.e	dtum 1/2yrs
heart foilure, osthenio, etc. It means the dise				
injury or complication which coused death,)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, gi				
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	The (CI	POR CONTROL OF THE PORT OF THE		
OTHER SIGNIFICANT CONDITIONS CONTRIBE	JTING.			
OTHER SIGNIFICANT CONDITIONS CONTRIBI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		neo	IN CERTIFYING CAUS	ES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore C	City, give exect locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street,	office bldg., INJURY OCCUR?		
U		035 11037 010 1011	U.D.Y. O. C.C.U.P.S	
Q 21D. TIME (Month) (Doy) (Yeor) (Hour)		21 F. HOW DID INJ	OKI OCCOR:	
(APPROX)	While At Not Wh			
22. I certify that (1) (this hospital) attend	led the deceased from	August 3 1063	19 to Janu	lary 29,1965
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	January 28,	198510	-t !- (-w) (-w)i-i	an death accurred an the
			at in (my) (dur) apinio	an death accurred an the
and haur and from the couses stated above	re. (1) (We) (did) (dld nat)	view the bady ofter death.		
23A. SIGNATURE		and the same of th	2	3 B. DATE SIGNED
	())		0 44	
- yary Del	Cel M.D. A	ttending Med.	Stoff Phys.	1/30/65
23C. PHYSICIAM'S	Cel M.D. A	Med. Director 23D. ADDRESS	Stoff Phy s.	1/30/65
NAME (Type)	Ph	23 D. ADDRESS	Phys.	1/30/65
Dr. Harry Deibel	Ph M.D	23D. ADDRESS 1226 S. Hanov	er Street	
Dr. Flarry Deibel 24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify!	Ph	23D. ADDRESS 1226 S. Hanov	er Street	town of sountyl (Stot
Dr. Harry Deibel	Ph M.D	23D. ADDRESS 1226 S. Hanov	er Street	
NAME (Type) Dr. Flarry Deibel 24A. BURIAL CREMATION, 24B. DATE REMOVE Specify! 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Ph M.D	23D. ADDRESS 1226 S. Hanov	er Street	town or sountyl (Stot
NAME (Type) Dr. Flarry Deibel 24A. BURIAL CREMATION, 24B. DATE REMOVE Specify! 2-1-65 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	M.D. M.D. M.C. NAME OF CEMETERY OF C	23D. ADDRESS 1226 S. Hanov REMATORY 24D. 1	er Street	town or sountyl (Sto
NAME (Type) Dr. Flarry Deibel 24A. BURIAL CREMATION, 24B. DATE REMOVE Specify! 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	M.D. M.D. M.C. NAME OF CEMETERY OF C	23D. ADDRESS 1226 S. Hanov REMATORY 24D. 1	er Street	town or sountyl (Sta



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 920 FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 4000
	н но. 65	1200	CERTIFICA	TE OF DEATH	Registered Na	65 1200
1, N	AME OF DECEA	SED		2. DATE ANI	D HOUR OF DEATH	
{Tyş	e or Print)	TEWAR	BESSIE F.	Jan	. 29. 1965. a	TEDS M.
3. 1	LACE OF DEATH	TEWAR	RYLAND	4. USUAL RESIDENCE (Where		titution; residence before admission)
	ULL NAME OF	(If not in hospital	or institution, give street	MARYLANI	D	Bulto
	HOSPITAL OR	oddress or locatio	n)	C. CITY OR TOWN (If outs	side city limits, write R	URAL and give township)
	Italiani	MENADL	AL MACDITAL	D. STREET ADDRESS (IF)	rurol, give location)	3379
	MMION	1 16 17 OK 1/	4L HOSPITAL		. 1	IVA Tarres 3104
S. S	EV 14	RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	40. OWSON. 2120
1	TEMALE	WHITE	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
J AOI	USUAL OCCUP	ATION (Give kind of wor	KIOB, KIND OF BUSINESS OR INDUSTRI	1 / " "	on country)	12. CITIZEN OF
	e during most of wor	king life, even if retired)				WHAT COUNTRY?
12	NONE			MARYLAN 14. MOTHERS MAIDEN NAM		AMERICAN
٥٠.	FATHER'S NAME	~	1.	ELIZABET	H HORNE	R
		FISHAC			11	
S. Ye	Was Deceosed Ev s, no or unknown) (If	er in U. S. Armed Fo yes, give wor or dot	es of services and security NO.	17. INFORMANT		ADDRESS
			ONE			
П	18. 420.	1 CFE9	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY S	New Acres	24200	
		ADING TO DEATH	dying, e. A DUE TO	INFARCTION	RUIAC	
	heoit loilure, os	mean the mode of	the discos	INTARCTION	U.	
	injuly of compil	Collon Which Coused	3 110			
		TECEDENT CAUSES	DUE TO	yyysa mynnydyy dd yrianth brith hyfir hyfi d 44 dd brith a ac ann ann ann ann ann ann ann ann an		
		CONDITIONS, if				
		above couse (A)	staling the (C)			
		П	E 76			
O	OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTION	fure of his	1	
AT	DISEASE OR CO	TH BUT NOT REL	II. 5 0 //	1)		
IFIC	19A. DATE OF O	VAS PER	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED
ERTIF	AN. 26		OCRIKACIONE AI	A DO DE	(16 :- P-la:	City, give exact location)
AL C	OR CONTRIBUTE	WAS UNDERLYING	home, form, foctory, street,	office bldg., INJURY OCCUR?	tit in painmore	City, give exact locohori
U	DEATH (notify m		PRESBYTERIAN	HOME HOME		
MEDI	OF INJURY	Month) (Doy) (Year)		21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	TAN 22 19	While At Not Wh	FEII D	DOWN .	
	22. I certify th	at (I) (this haspita	1) attended the deceased fram			N 29 1965
			ed alive an TAN 29			nian death accurred on the date
			ited abave. (I) (We) (did) (did nat)			
	23A. SIGNATURE	Tull The Cooses sto	- (1) (1) (ala) (ala lial)	view the budy effect deeths		23B. DATE SIGNED
	101	· fee a		tending Med.	Stoff Phys	TAN.29.65
	23C. PHYSICIAN	i sung.	Juc., Ph	ys. Director 23D. ADDRESS	Phys.	JAW 1.03
	PHYSICIAN NAME (Type	(TT T	TATAL M.D			
24	DIIBIA) COENA	YEORETE	24C NAME of CEMETERY OF CI		CATION (C)	
241	REMOVAL (Spe	ecify)	1 - 1			y, town, or county) (Stote)
d	SURIAL			RK BA	LTIMORE	1/VID,
25/	A. DATE REC'D BY	HEALTH DEPT.	P. D. & E. Jakey M.A.	JOHN O. MI	TCHELL &	SOIVS INC
1	620,0th	EB 2 1965	Therew C. Taron, "	Jan Fin	-AU PL	BALTOND,
VS	150-REV, 1/1/65			11.00 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -

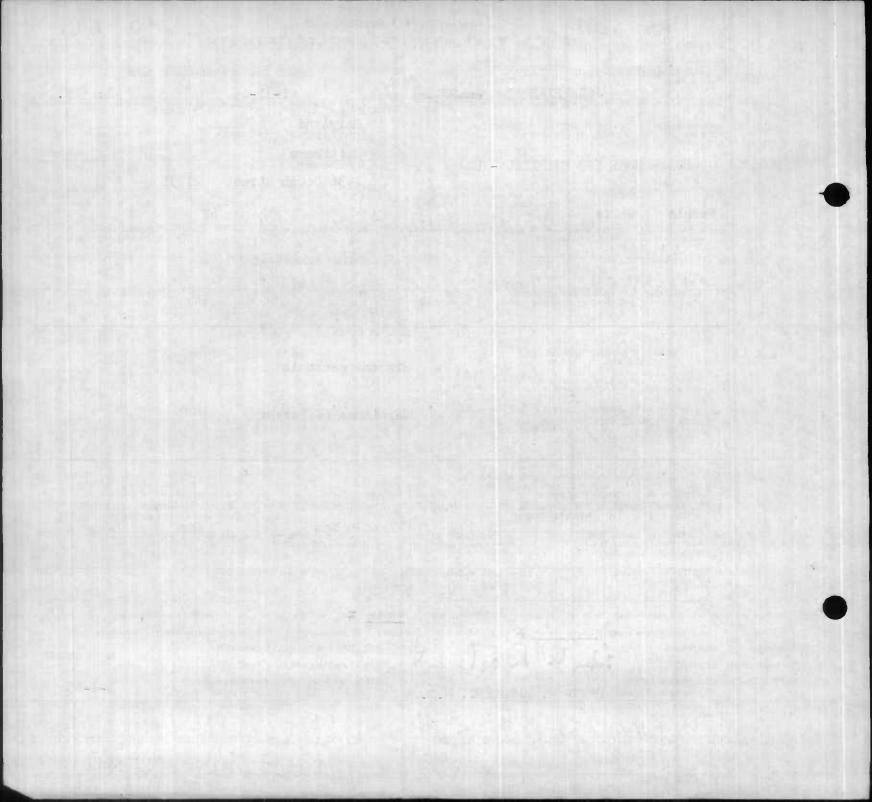


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VS 151-REV. 1/1/65

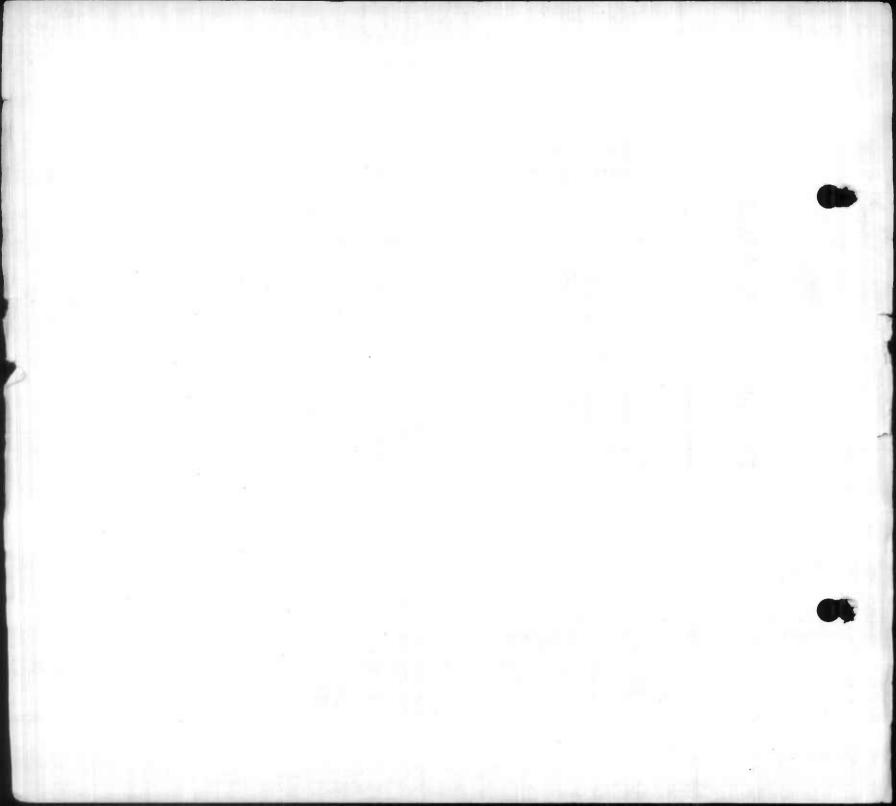
248 NAME OF REGISTEAR

24C FUNERAL DIRECTOR



FEB 2 VS 150-REV. 1/1/65

65 1202	BALTIMORE CITY	HEALTH DEPARTMENT		65 1202
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 3.40.0
TI. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYL.	SIEWICZ	4. USUAL RESIDENCE (Where	HOUR OF DEATH	819/ P. A
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location) INSTITUTION	stilution, give street	C. CITY OR TOWN (If outs	GUAL	JRAL ond give township)
Mercy	HOSP.	D. STREET ADDRESS III	urol, give location)	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired) RIGGER	RETHLEHEM STEEL	11. BIRTHPLACE (Stote or foreign	MD	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) RIGGER 13. FATHERS NAME ANTHONY KULISIE		CAROLYN /	PRAGLOW.	
15. Wes Decessed Ever in U. S. Armed Forces' (Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	JOSEPHONE PIEK	PARCIYKZ	
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury ar camplication which caused de ANTECEDENT CAUSES	ng, e.g., DUE TO 50	ESTIVE/HEART FAMERSIS, GIHER	JORNADO E	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any rise la the obave cause (A) standard UNDERLYING CONDITION last.	giving ling lhe (C)		<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJURY (APPROX.)	Out) 21E. INJURY OCCURRED While At Not While Not Work		JRY OCCUR?	
22. I certify that (1) (this haspital) of that (1) (we) lost saw the deceased of	live an	19 6 5 and the	965 to	ian death occurred on the dot
ond hour ond from the couses stored	M.D. Atte	ending Med.	Stoff Phys.	238. DATE SIGNED //3//65
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRI	MEVCY EMATORY 200. LO CEMETERY BA	CATION OF CITY	, town, or county) (State)
-	NAME OF REGISTRAR	JOHN HOUSE	BERY SON	VS AN ADDRESS



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VS 150-REV. 1/1/65

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(2) cause

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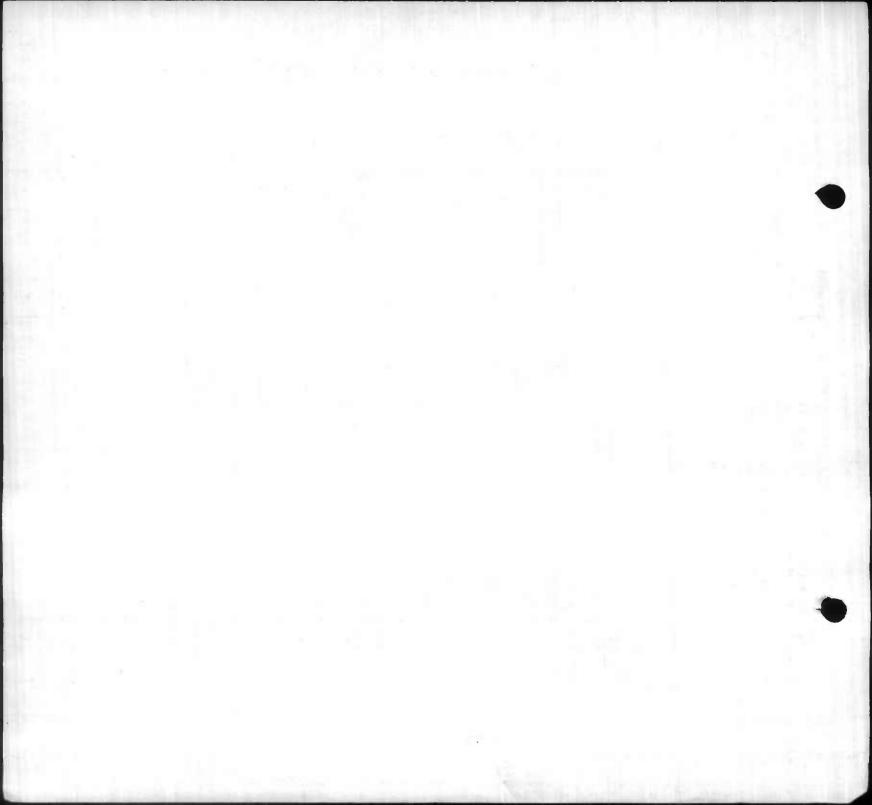
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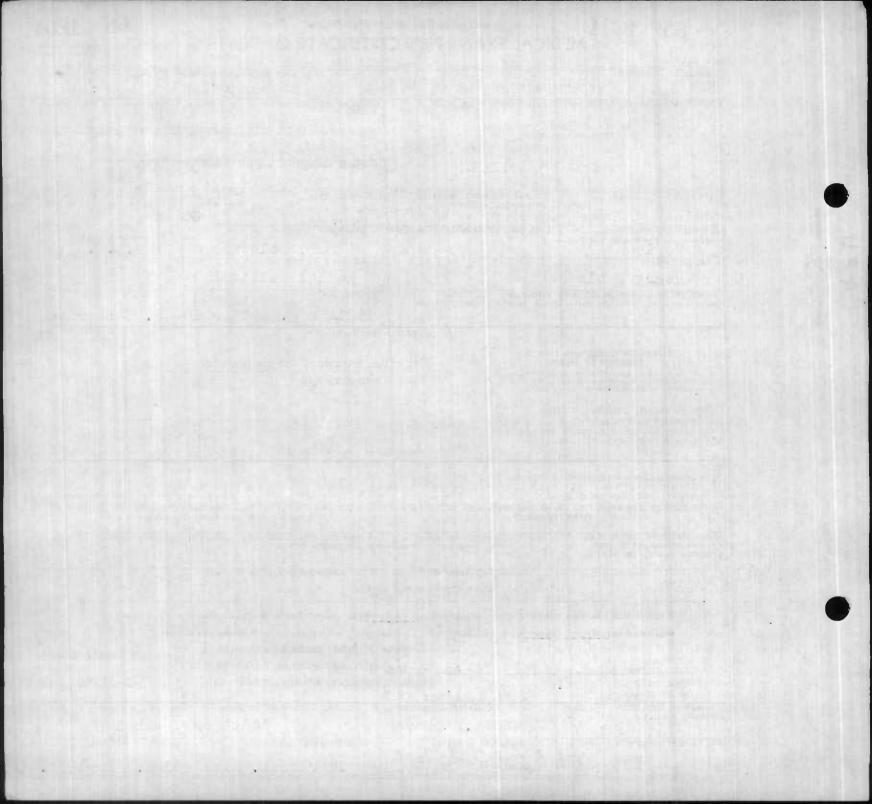
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prior



Charles A. Rice 661 W. Barre St.

BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFICAT	TE OF DEATH Registe	ered No.
M.E. CASE NO.						
1. NAME OF DI (Type or Print)		BUTLER			January 30, 19	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD		ENCE (Where deceased lived, If inst	titutian: residence before admission
		1		A. STATE	vland B. cou	JNTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		VN (If outside corparate limits, write	e RURAL and give tawnship
INSTITUTION				7. 1		20-04
	BON SECOUR	C HOCDT	די א יד		Ltimore RESS (If rural, give location)	
	DON SECON	S HOSET	IAL			
5. SEX	I/ DAOF	7 44 4 001 00	ALEXCED AN ABOLED	B. DATE OF BIRTH) S. Catherine Str	eet If Under 1 Yr. If Under 24 Hr:
D. SEA	6. RACE		NEVER MARRIED DIVORCED(specify)	, ,	last birthday)	Manths Days Haurs Min.
Male	Negro	0	ried	1/7/05		
	CUPATION (Give kind of wor f working life, even if retired)	KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
He	lper		7	Wilmer	, Delaware	U.S.11.
13. FATHER'S NA	ME			14. MOTHER'S MA		
Hen	ry Butle r			Rache	l Williams	
15. WAS DECEAS	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
(Yes, na or unknow	(If yes, give war or dote	es of service)	SECURITY NO.	T37730	W D.:+3.00 3.00	G Cothernia
				11111111	M. Butler 100	
1B	IXI		CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DE	RECTLY				
(This does	LEADING TO DEATH			ive intrace	erebral pontine	
heort failur	not meon the mode of e, asthenia, etc. It means	the disease,	DUE TO	hemorrhag	ge	
Injury or C	amplication which caused	deam.				THE RESERVE
	ANTECENDENT CAUSI	ES	/ Di			
	OR CONDITIONS, IF A		DUE TO			
	ING CONDITION LAST.	TAIN O THE				
Z			(C)		***************************************	
OTHER SIGNATURE OF THE DISEASE OF TH	11	CONTRIBUTE	10			
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT RE					
DISEASE	OR CONDITION CAUSING					***************************************
O DATE C	OF OPERATION 198, CON		WHICH OPERATION		(Yes or No) 208. IF YES, WERE FI	
	AL CALLER MAR			Yes	Yes	
O UNDERLYING	AL CAUSE WAS	home	, form, foctory, street,	affice bldg., INJURY	HERE DID (If in Baltimore City, g	ive exoct lacation)
 	USE OF DEATH.	etc.)				
21 D TIME	(Manth) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21F, HC	W DID INJURY OCCUR?	
OF INJURY		v	VHILE AT NOT	WHILE WORK		
22.				pure		
I ce	ertify that I held on I	nquiry	InspectionA		thot on this bosis, deoth in	
resi	ulted from: <u>Natural ca</u>	uses X	ccident Suici	ide Hamici	de Undetermined monn	er _
	A 1.	- /	7 /	CHIEF ME	EDICAL EXAMINER	DATE GIGNED
ACTU		Z KI	den	ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED
SIGNA	NER'S		М.		EDICAL EXAMINER	1-31-65
NAME		John	E. Adams, M		EDICAL EXAMINER	1 31 03
23A. BURIAL CE	REMATION, 238. DATE	23	C. NAME of CEMETERY	ar CREMATORY	23D. LOCATION (City	, town, or county) (State)
REMOVAL (Spec	1 2 / 4 /	65	Mt. Auburn		Baltimore,	Maryland
Burja					AL DIRECTOR	ADDRESS
Z-4A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	ADDRESS
	FEB 2 1965	Tobal	E. Janky M.D	Char	les A. Rice 66:	1 W. Barre St.



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(4) Undetermined cause; (5)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) Jan. 29, 1965 PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RUKAL and give township Midtown Home Inc. Baltimore D. STREET ADDRESS (If rurol, give location) 808 St. Pa ul St. 808 St. Paul Street Midtown Home 7. MARRIED NEVER MARRIED mad 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX B. DATE OF BIRTH WIDOWED, DIVORCED (specily) ost birthdoy widowed 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working tife, even if retired) Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruppert Gaybauer Anna 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. 738 2nd Street 213123554A No None Mrs. Catherine Bancroft Trenton CAUSE OF DEATH OF DISEASE OR CONDITION DIRECTLY Dem LEADING TO DEATH (This does not meon the mode of dying, embai heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., tNJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME obtained (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While ! While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ~ 19 99 ond hour ond from the causes stated obove. (I) (🐙) (did) (did 🕬 view the bady ofter deoth. must 23A. SIGNATURE Attending Med Stoff Phys. Director Phy s. approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION. REMOVAL (Specify) 24D. LOCATION written don Park Climetery

ond that in (my) (50() opinion death occurred on the date 23 B. DATE SIGNED 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

If Under 24 Hrs.

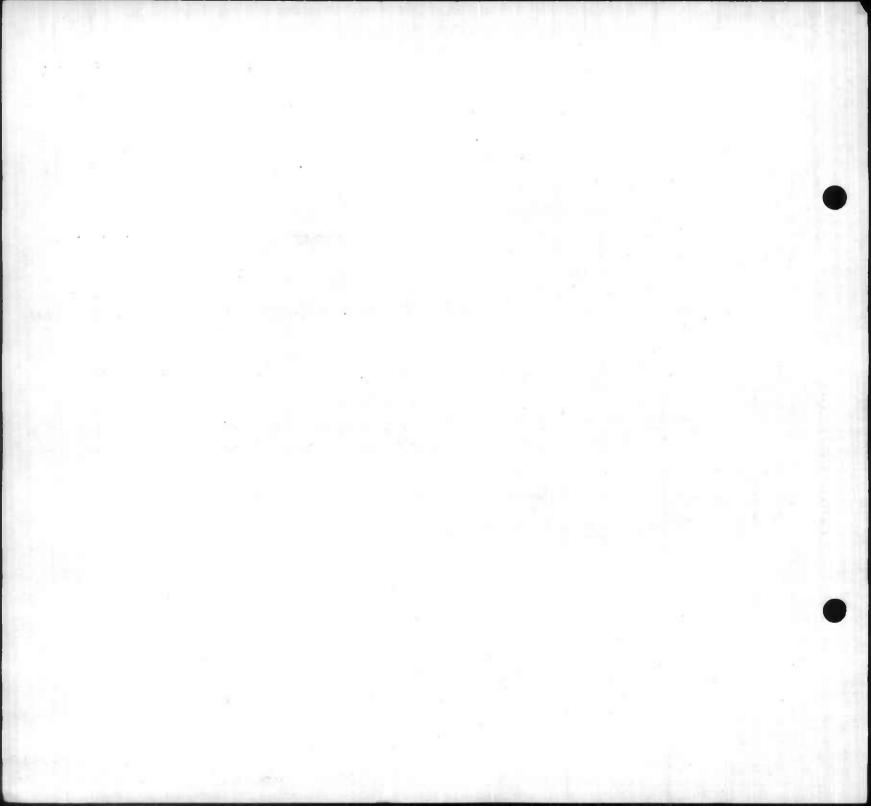
New Jersey

ONSET AND DEATH

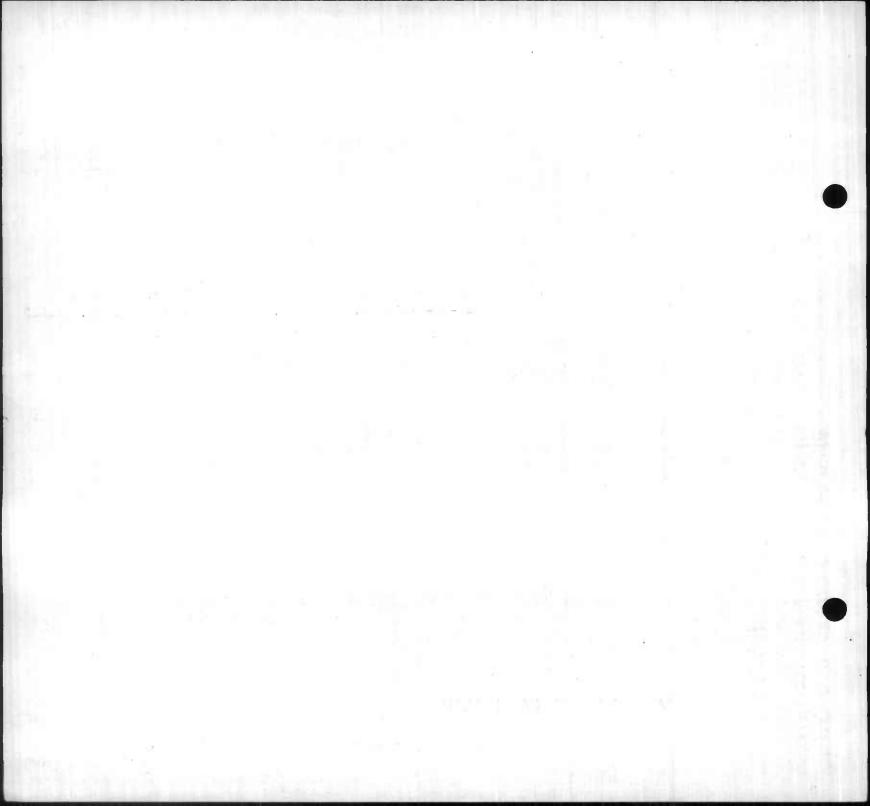
Hours

U. S. A.

ADDRESS



BIRTH NO. 65 1206				65 1206
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	1200
NAME OF DECEASED	4.4	2. DATE	ND HOUR OF DEAT	
MARY L. Mc CL	ELLAN	JANO	IARY 31 . 1	965 1130 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	ere deceased lived, If	institution: rasidenca bafara admissia
FULL NAME OF (If not in hospital ar institution	n, give street	maryland		2701
HOSPITAL OP address or location)	1)	C. CITY OR TOWN '(If	outside city limits, write	e RURAL and give township)
11 Jun memorial	Hospila	BALTIMERE	,	
BALTIMORE, MARYLA	22		f rurol, give location)	
BALLIMONE, MARYER		3510 Sout	hern Au	£. 1h
	D, NEVER MARRIED /ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years)ost birthday)	If Under 1 Yr. If Under 24 Ho Months Days Hours Min.
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Flouse with		14. MOTHER'S MAIDEN N	ANAF	u.S
/ / /				
HENRY C. Duvall		MARGARET	METTER	
5. Was Dacaased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Hopkins Road
		Mr. Robert L.	Poster Po	Mopkins Road
18. 434.1	CAUSE	OF DEATH	nector ba	INTERVAL BETWEEN
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(This does not mean the mode of dying, e., heart failure, asthenia, etc. If means the disease	g., <u>Duest</u>	egestive Head		0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
injury or complication which coused deoth.)				3/1/1 1/
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rise to the above couse (A) stating th	_			
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IMPORTANT	
DIRECTOR:	
FUNERAL	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH on the assistant if death occurred in a hospital and if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Kranzer death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance FULL NAME OF (If not in hospital or institution, give street redevice CITY OR TOWN HOSPITAL OR oddress or lacotion) (If outside city limits, write RURAL attend INSTITUTION 0 D. STREET ADDRESS Mary land prior (If rurol, give location) in regular mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoyl Laucasion 0 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Was Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL or final SECURITY NO. attendance 215-10-5415 shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any pronounced Also, DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular examiner examiner. injury or complication which coused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the Ξ physician UNDERLYING CONDITION lost. before the remains approved by the chief medical the body was released to the hospital by a medical Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WASPERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (except where (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work Al Work and 22. I certify that (1) (this hospital) ottended the deceased from...... 19 65 that (1) (we) lost saw the deceased alive on ... and that In (my) (our) opinion death accurred on the date a hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE certificate must v Attending Phys. Stoff Med. Phys. 0 Director approva prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) was D.O.A. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) decease 25B. NAME OF REGISTRAR DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65 WEF.

ond give township)

If Under 1 Yr.

Months Doys

12. CITIZEN OF

23B, DATE SIGNED

(Stote)

ADDRESS

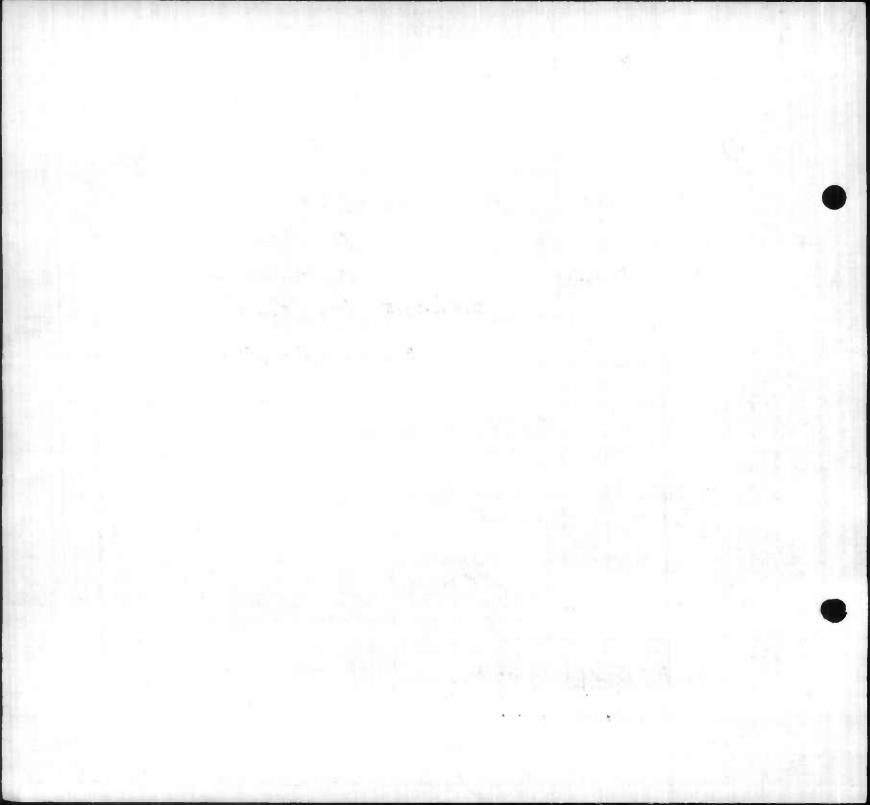
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

Hours



This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

65 1200

(Type or Print)	EASED !	EDWARDS Dr.	C. Reid 2. DATE AND HOUR OF D	SEATH 165 111 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where deceased live A, STATE B, COUNTY	d. If institution: residence before admissio
FULL NAME O HOSPITAL OR INSTITUTION	F (If nat in haspitol oddress or locotion	or institution, give street	MD BAITELL	write RURAL and give township)
Ulli	ersity He	Spital	D. STREET ADDRESS (If rurol, give locati	1 - 1
			106 Conqueral	1
S. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		8. DATE OF BIRTH 9. AGE (In year last birthday) 76	Months Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTROOF during most of working life, even if retired)			Medley, West Virginia	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAM	/ "	Y ''	14. MOTHER'S MAIDEN NAME	
	lip C. Edward		Mary J. Vincent	
5. Was Deceased Yes, na ar unknown Yes	Ever in U. S. Armed Far Off yes, give war or dote	s of service) 16. SOCIAL SECURITY NO.	Mrs. Ruth C. Edwards, 1	Address 21210
1B. / //	7 × 1		OF DEATH	INTERVAL BETWEEN
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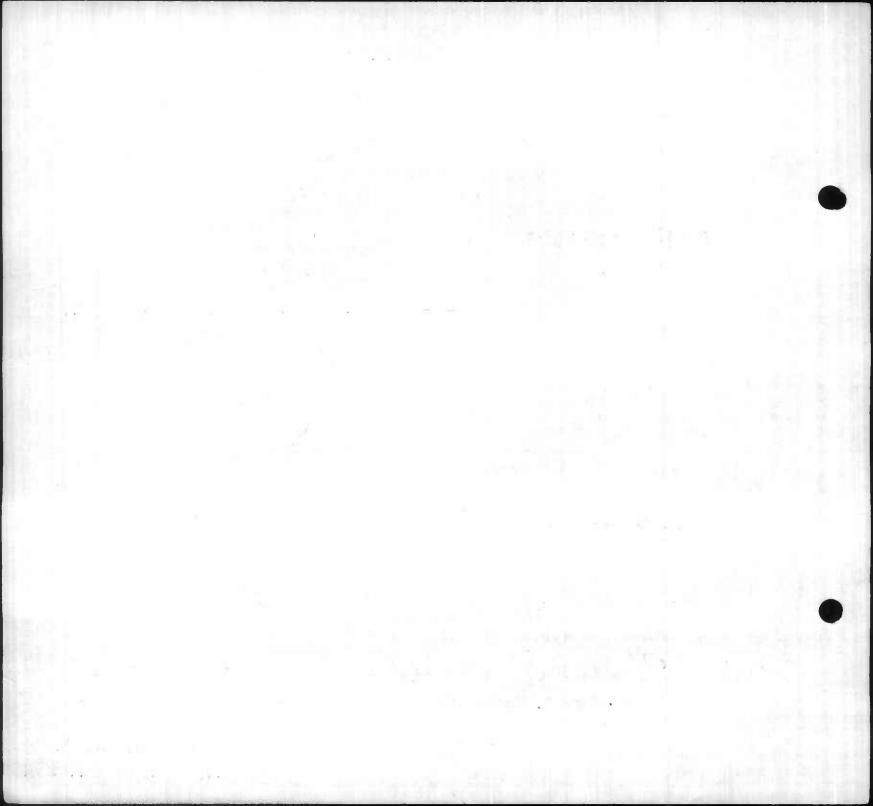
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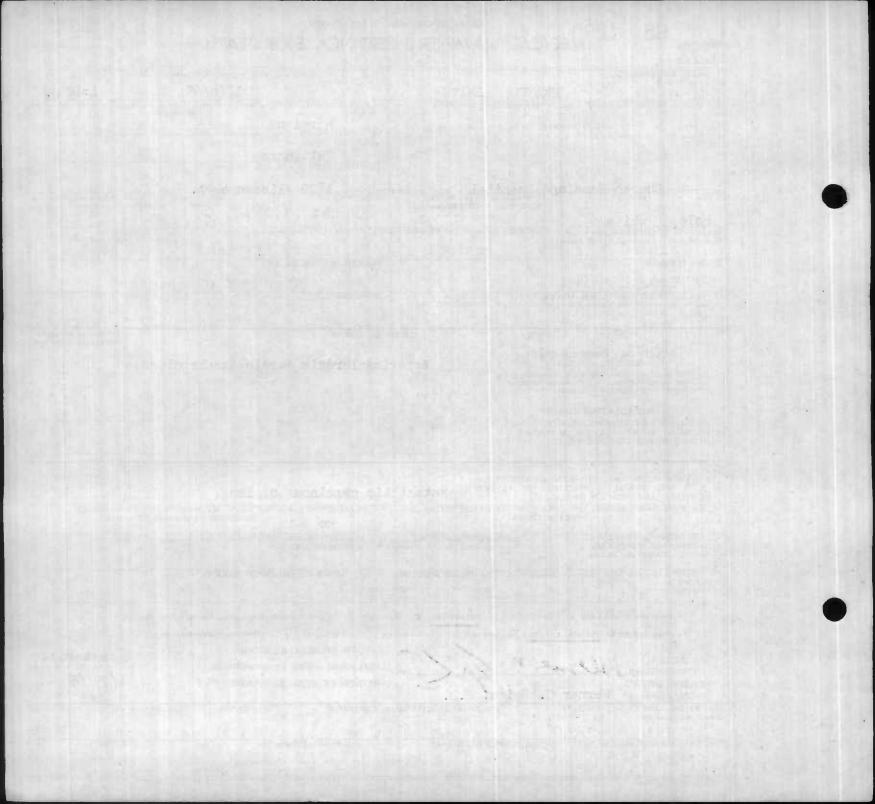
25C. FUNERAL DIRECTOR Stewart & Moven Co., 108 W. Morth Av., City.

Farley M.O

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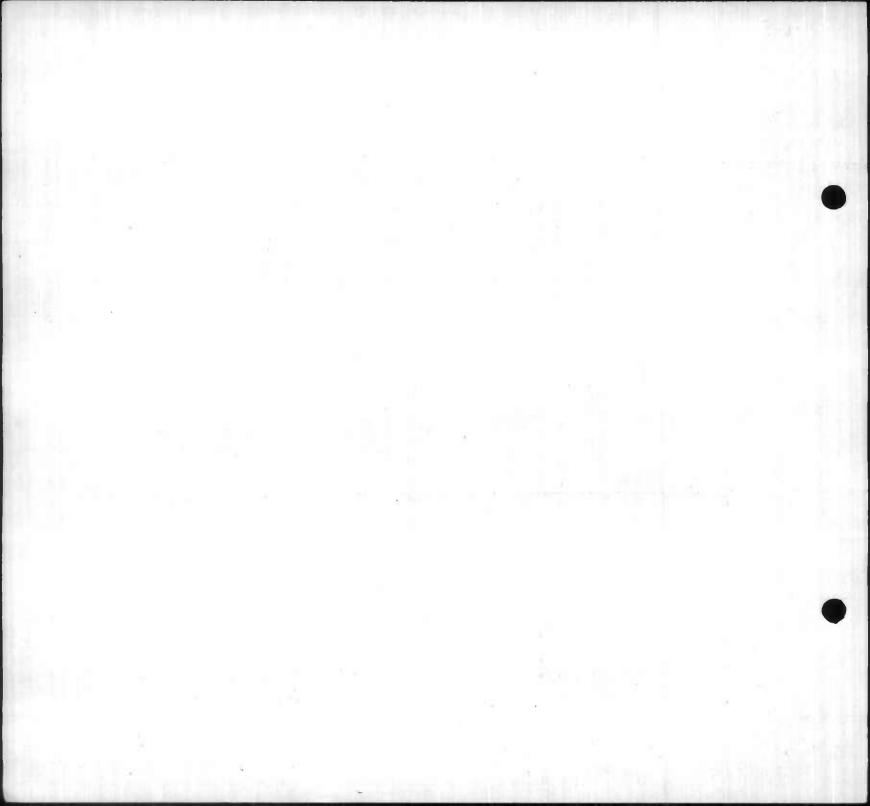
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FUNERAL DIRECTOR: IMPORTANT

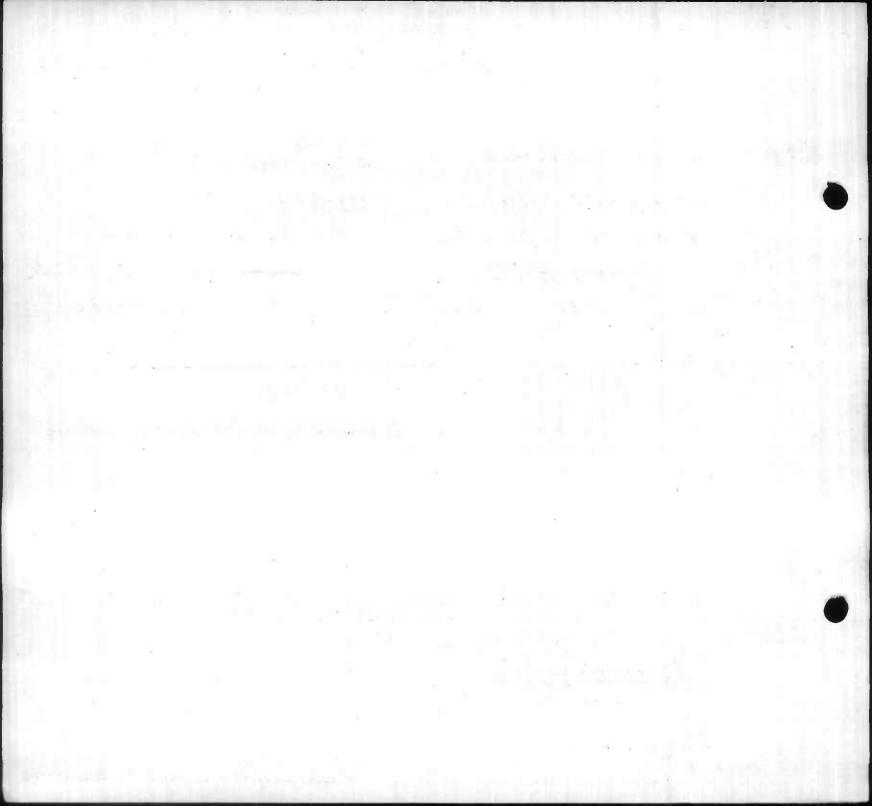
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		05 101	0	BALTIMO	E CITY HEALT	H DEPARTMENT		CE	4940
	H NO.	65 121	U	CERTIF	ICATE C	OF DEATH	Registered No		1210
I.N	AME OF DECEA	SED				2. DATE A	ND HOUR OF DEATH	Н	
Тур	oe or Print)	WILLIAM	T. M.	GRUDER		AT.	NUARY 30.	19651	7 P. M.
3. 6	PLACE OF DEAT	H IN BALTIMORE, MA		ICITODELL		AL RESIDENCE (Whe	ere deceased lived, If		sidence before odmission)
		m			A. STA	ARYLAND	NIX		1-11
- 1	FULL NAME OF	(II not in hospital address or location		on, give street			itside city limits, write	RURAL and	give township)
5	NSTITUTION								give in month,
1	2 2 2 2 3	m. 4 a m. a a	4. amr	and and the			21218 rurol, give locotion)		
	1.721	EAST 31s	t STE	KEET				T 170	
5, 5	EV 14	RACE	7 44 4 00	IED, NEVER MARRIED	O DATE	721 EAST	31 ST STRE	II Under	1 Yr., II Under 24 Hrs.
J. 3	M	TAT		WED, DIVORCED (spe	cify)	LY 9,1886	last birthdoy)	Months	Doys Hours Min.
IOA	USUAL OCCUP	ATION (Give kind of wor	k 10B. KIND	OF BUSINESS OR IN		HPLACE (State or fore	eign country)	12. CITI2	EN OF
	e during most of wo	rking life, even il retired). Retired			Vir	ginia			SA
13.	FATHER'S NAME					THER'S MAIDEN NA	ME		
		Unknown	Magi	ruder		Unknown			
5.	Was Deceased E	ver in U. S. Armed Fo		1 6. SOCIAL	17. INF	DRMANT			ADDRESS
Yes	s, no or unknown) (If yes, give wor or dot	es of servi	security No	i				
	NO		213	03 52 28		Elizabet	h Remsay	1721	E.31st ST.
	18. 420	, / 1		CA	USE OF DEAT	Н			INTERVAL BETWEEN
		OR CONDITION DI	RECTLY		11		0		
		EADING TO DEATH		(A)	Vin	mare	releve		cellent
		l mean the made at sthenia, etc. Il means			10				
		lication which caused			1 1	0. 1	00		111
	AI	TECEDENT CAUSES	5	(B)	Johnson	marie	read due	are	1094
	DISEASES OR	CONDITIONS, if	any ois	DUE	10	^	A		0
		abave cause (A)			Le	mlened	anterin	lein	
	UNDERLYING	CONDITION last.			7	0			
_		II .							
0		CANT CONDITIONS (
AT	DISEASE OR C	ONDITION CAUSING	1T.						
CERTIFICATION	19A. DATE OF C		FORMED	OR WHICH OPERATIO	N 20 A	AUTOPSY? (Yes or N	O) 20B. IF YES, WERI	AUSES OF	CONSIDERED DEATH?
CER	21 A. ACCIDENT	WAS UNDERLYING	7	21 B. PLACE OF INJUI	Y (e.g., in or obo	NO 121C, WHERE DID	(If in Boltim	ore City, give	e exoct location)
CAL	OR CONTRIBUT	ING CAUSE OF		home, larm, loctory, setc.)	treet, office bldg	, INJURY OCCUR?		-17, 9	
200	21 D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	ED	21F. HOW DID IN.	IIIBY OCCUP?		
MEDI	OF INJURY	1001	1110011		lot While	The state of the s	JOKI OCCOK.		
	(APPROX)			Work A	t Work				
	22. I certify t	hat (1) (this hospita	1) attende	ed the deceased fro	m 9-		19 (7) to	//	36 1965.
		ast sow the deceas		1 1./	0 //				th accurred on the date
							,, (00., 0	, , , , , , , , , , , , , , , , , , ,	in decorred on the date
			ted abav	e. (1) (We) (did) (dia	benet) view the	body offer death.			
	23A. SIGNATUR	. /	1	h 1	A Handing		State -	23 B. DAT	ESIGNED
	Von.	2-161	ul	Stry M.	D. Attending N	Med. Director	Stoll Phys.	21	1165
- 4	23C. PHYSICIAN NAME (Typ	S			23D, AD	DRESS		1	1
	MANUE (19)		L. Ri	chter	M.D. 3	128 Harfo	rd Road		
244	BURIAL CREM	ATION, 24B. DATE	240	C. NAME OF CEMETER	or CREMATOR			City, town, o	r county) (Stote)
		-1-11	5 7	audan Da-	32	70	6] +4 mass	1/0	end
25A	Burlal	2/2/6 Y HEALTH DEPT.	25B. NAM	Loudon Par		FUNERAL DIRECTO	altimore	Haryl	and Address
-	TD 0 40	OCE A A A	-	Oce Mil	7.7	ENRY SAND		INC.	
16	ED & I	100 (15 Ve. 0	C. 40	ASSESTED		AT THE CORE	MARVIAND	21212	
15	150-REV. 1/1/65				, / D		E-WITTHWITH.	グエグエン	



VS 150-REV. 1/1/65

	1011	BALTIMORE CITY	HEALTH DEPARTMENT		65 1211
BIRTH NO. 65	1211	CERTIFICA	TE OF DEATH	Registered Na.	00 16.11
M.E. CASE NO.	SED	0		D HOUR OF DEATH	
(Type or Print)	Jeline Ha	Therine ALE	. A		(17 12:45 A.
3. PLACE OF DEATH	IN BALTIMORE MARYLAND	MENINE	14. USUAL RESIDENCE (Where	ARY 31 19 deceased lived. If insti	lution: residence before odmission)
			A. STATE B. COUNT	ή ,	111
FULL NAME OF	(Il not in hospital or instit	ution, give street	MARYLAND	d	0-03
HOSPITAL OR	oddress or locotion)		C. CITY OR TOWN (If outs	side city limits, write RU	RAL ond give township)
70				OCE	
2540	WILKENS	PUE		urol, give location)	
Q 0 7	10/1/16/03 /	700		Ens Aue	
5. SEX 6.		RRIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE	white M	APPIEd.	MAV29, 1889	75	
		D OF BUSINESS OR INDUSTRY	11. BIRTIPLACE (State or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of wor		· · · · ·	11.011.	1	1/ 0
13. FATHERS NAME	wite D	MESTIC	14. MOTHER'S MAIDEN NAM	1 ol	9.0.17.
I STAINERS NAME	11 1/2		The Months of the Manual Manual		1. 1.11
	TOAM HI	1=L	And the second	50 MADEL	INE MILLER
(Yes, no or unknown)	er in U. S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	NONE	212-12-7572	R HARRIATE	MING 254	in Wilkens Aus
1B. // 2 A	/ 1	CAUSE O	F DEATH	7	INTERVAL BETWEEN
HOU	OR CONDITION DIRECTLY			0 -	ONSET AND DEATH
	ADING TO DEATH	(1)	promones C	reclusio.	2 sudan
	mean the mode of dying,		~ 50 / 000 /		
	thenia, etc. It means the dis cation which coused death.)		10 1.70 000	0110-	5 40
	TECEDENT CAUSES	(B)	andlovase	Distace	7/5
	CONDITIONS, il any,	DUE TO	1	1	10
	above cause (A) stating	4.7	un alized	arlerio	10 715
UNDERLYING	CONDITION lost.				
-	11				
	ANT CONDITIONS CONTRIE				
DISEASE OR CO	INDITION CAUSING IT.				
19A. DATE OF O	PERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
E C					
OR CONTRIBUT	WAS UNDERLYING	home, form, foctory, street, o	office bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
DEATH (notily m	edical examiner)	etc.)			
W OF INTURY	Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)		While At Not Whi		- 0	
22 1	(1) (abta base taul)	1	The same of	065.	1110 31 10 65
	at (1) (this hospital) atten		09:015	7 10	301-101 Nog. Sel. 19 - 19 - 10 - 10 - 10 - 10 - 10 - 10 -
that (I) (we) Ic	st saw the deceased aliv	an	19 and the	it In(my) (our) apini	an death accurred an the date
		ve (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1 101 1	7			23B, DATE SIGNED
1 Knos	mabliole	M.D. All Phy	ending Med. Director	Phys.	
23C. PHYSICIAN	5		23D. ADDRESS	14/	
NAME (Type	7. 7.40 1RK	A M.D.	21511	V. 16 2	0 1
24A. BURIAL CREMA	ATION, 248. DATE	4C. NAME of CEMETERY or CR	EMATORY . 24D. LC	CATION (City,	lown, or county) (Stote)
REMOVAL (Spe	cify)	11 12 -1	1 1		111
DUPIA	2-3-65	NEW CATHEO	LRAL E	ALTIMOR	E, Md.
25A. DATE REC'D B'	HEALTH DEPT. 258. N	AME OF REGISTRAR	GORGE L. SC	hwab HUNE	TAL MASKIC
FE	B 2 1965 92 C	with E. Talkey Mills	Hrans in 9	miller en	of thesewick live

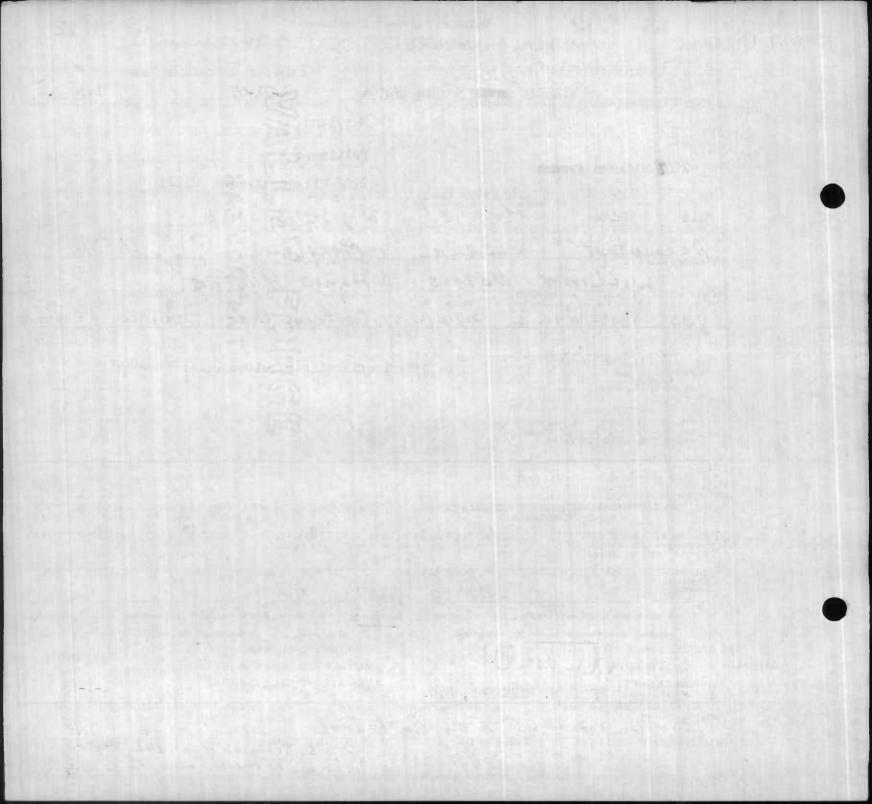


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	- 5	6. 1 3	6-4	

BALTIMORE CITY HEALTH DEPARTMENT

65 1212

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED DYLANEY	2. DATE AND HOUR PRONOUNCED DEAD
WILLIAM BAND NORRIS S	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
270% Wilkens Avenue	D. STREET ADDRESS (If rural, give locotion)
	2708 Wilkens Avenye 21223
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	YII. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF
He countant (CLERICAL	MARYLAND 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM NORRIS	Annie Huster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown),(If yes, give, war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
V=5 World WAR [217-44-049	& Gertrude Norpis 2708 Wilkens Au
	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	iosclerotic cardiovascular disease
(This does not mean the mode of dying e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
injuly of complication which coused deutil.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
0/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	Yes Yes in a about 21C, WHERE DID (If in Boltimare City, give exact lacotion)
UTING CAUSE OF DEATH.	once day, INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT M. WORK AT V	WHILE VORK
22.	and that an this basis, death In my apinion
resulted fram: Natural causes X Accident Suicic	de Hamicide Undetermined manner
110011 001	CHIEF MEDICAL EXAMINER
ACTUAL COLOR	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER \$ 2-1-65
NAME (Type) PETER W. RIECKERT, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	
BURIAL 2-4-65 NEW CAT	hedral BALTIMORE MAN
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24G FUNERAL DIRECTOR DE HANE PALADARS ME
FEB 2 1965 Robert E. Farley M.A	Transis 4. miller 2101 phedinel are



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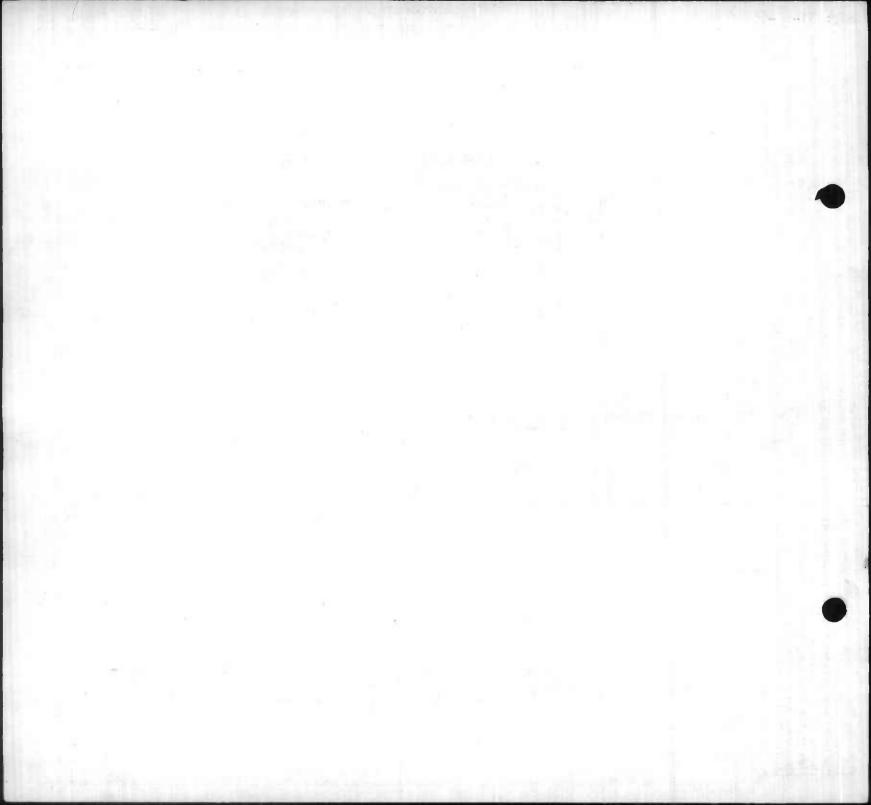
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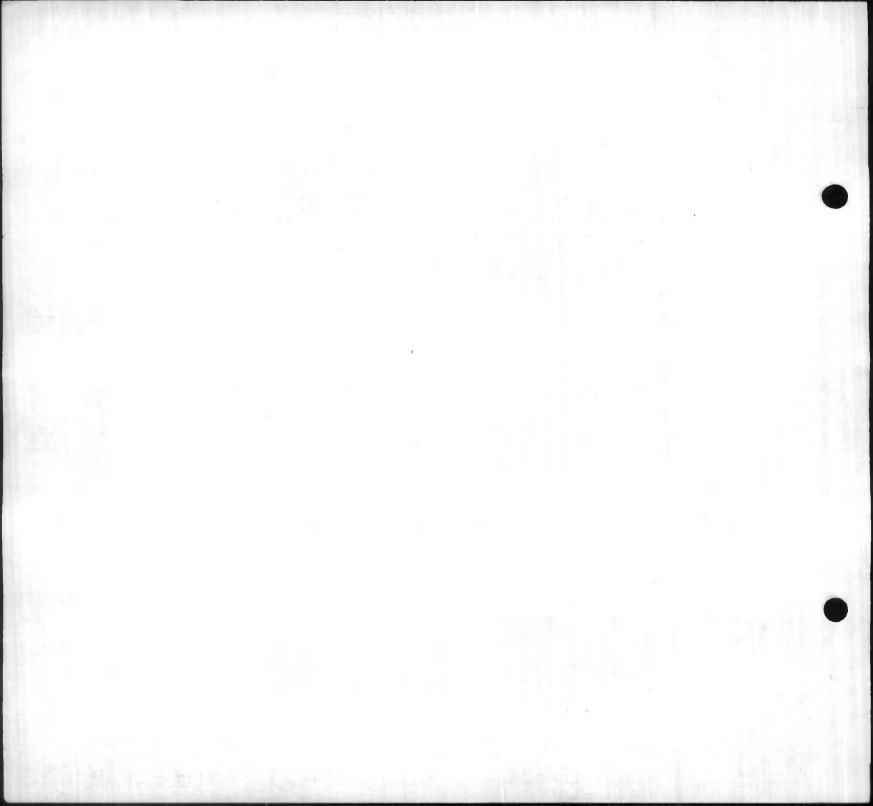
BALTIMORE CITY HEALTH DEPARTMENT Registered No .. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Wilmer Smith
3. PLACE OF DEATH IN BALTIMORE, MARYLAND January 30, 1965 USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Maryland FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Baltimore
D. STREET ADDRESS 4940 Eastern Avenue (If rurol, give location) Baltimore, Maryland 21224 1124 Cleveland Street 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Months Doys Hours 5. SEX 6. RACE tf Under 24 Hrs. WIDOWED, DIVORCED (specify) Male White Single 2-24-09 55 12. CITIZEN OF WHAT COUNTRY? done during rest of working life, even if retired) Maryland USA 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT SECURITY NO. RECORDS: BCH 4940 Eastern Avenue INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Neurosyphilis 8 years (This does not mean the made of dying, e.g., hearl failure, asthenio, etc. It means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 1961 to January 30. 22. I certify that (I) (this haspital) attended the deceased from August 9. that (1) (we) lost sow the deceased alive an January 30. and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. Stoff Phys. X 1-30-65 Phys. Director ___ 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Robert Cooke 4940 Eastern Avenue 21224 M.D. MC. NAME OF CEMETERY OF CREMATORY 24D. LOCKTION (City, town, or county)

MEDIC ____19_65____ond that in(my) (our) opinion dooth occurred on the date 24A. BURIAL CREMATION, 24B. DATE 258. NAME OF REGISTRAR ADDRESS 25C. BUNERAL DIRECTOR VS 150-REV. 1/1/65



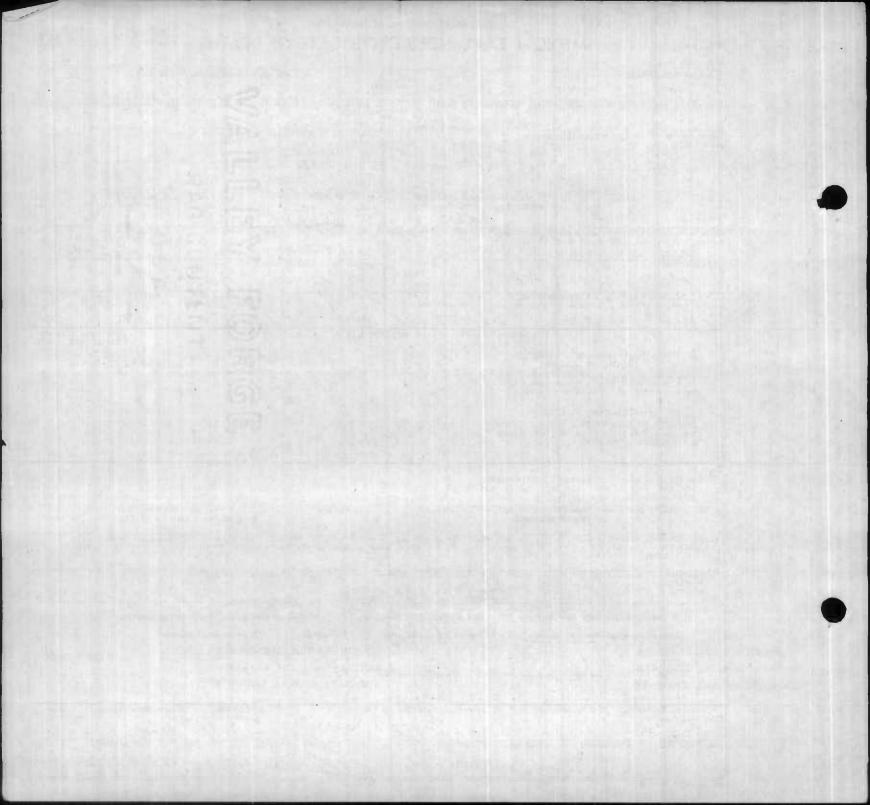
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

3024	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 1214
MRTH NO. 65 1214	CERTIFICA	TE OF DEATH	Registered Na.	00 1214
LE CASE NO. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	4.4
Type or Print) Poto Fm		1-2	1-65	200
PLACE OF DEATH IN BALTIMORE MARYLAND	-	14. USUAL RESIDENCE (W	hera deceasad livad. If is	nstitution: residence bafare admission
		A. STATE B. COL	YTAL	~/
FULL NAME OF (If not in haspital or institution oddress or location)	n, giva straat	MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION			0.0014	RURAL ond give township)
34 31 1/- 11		BALTIMORE	CITY	2-01
Johns Hopkins Hosp	ITAI		If rural, give lacation)	
		1407 GOUGH		
	D, NEVER MARRIED /ED, DIVORCED (spacify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Undar 1 Yr. If Under 24 H Months Days Hours Min,
Familie White MAF	RRIED	5-10-94	70	
JA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACY Thate or fo	oraign country)	12. CITIZEN OF WHAT COUNTRY?
ane during most of warking life, even if retired)	home '	1	me	115/4
B. FATHER'S NAME		14, MOTHER'S MAIDEN N	AME	N. 111
CA A Mass	/			
cawa suar	ney	LENA LUDEC	K	
i. Was Deceased Ever in U. S. Armed Forcas? es.na ar unknyown) (If yas, giva wor or dates of service	1 6. SOCIAL	17 INFORMANT	()-1	ADDRESS
1/0	4	Harry Ver	Killes	alone
18. 7 20	CAUSE	DE DEATH	V	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		U	0 0 7	ONSET AND DEATH
LEADING TO DEATH	(A) Rul	mondry Em	Boligation	mone
(This does not mean the mode of dying, e., heart failure, asthenia, etc. II means the diseas			J	
injury or complication which coused deoth.)	200	Justine O.	Sugar Dung	a
ANTECEDENT CAUSES	DUE TO		510009 7000	or Owemoun
DISEASES OR CONDITIONS, if any, givin				
rise to the obave couse (A) stating It	-			
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE 7 09 1401	motherax		
DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION		No. 208 IE VEC WERE	FINDINGS CONSIDERED
WASPERFORMED	£) 1	A10	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 2		in or about 21 C. WHERE DID	(If in Boltimes	e City, give exact lacotion)
OR CONTRIBUTING CAUSE OF	iama, farm, factory, streat, c	office bldg., INJURY OCCUR?		e ony, give exact taconom
2	etc.)		1007	
21D. TIME (Manth) (Day) (Year) (Haur) 2	IE INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	While At Nat Whi			
22. I certify that (I) (this to spital) attended		1.30	1965 10	. 31 19 69
		1065		
that (I) () last saw the deceased alive ar				inion death accurred on the d
and hour and from the causes stated above.	(I) (Me) (did) (did nat)	view the bady after deat	n.	
23A. SIGN ATURE			St11	238. DATE SIGNED
W.T. mayser	M.D. Att	randing Med. Diractor	Staff Phys.	1.3/65
23C. PHYSICIAN'S NAME (Type)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23D. ADDRESS		
	M.D.	JOHNS	HOPKINS HO	SPITAL
	NAME OF CEMETERY OF CE			ity town, or county) State
REMOVAL (Spacify)	110 11	240.	1710 /	Jane of County,
Dunal 77-63	Ellen Han	h-	Exer-	mul n
SA. DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	258 FUNERAL DIRECT	OR P	ADDRESS
EEB 2 1965 (R.O.)	& E. Farsey M.D.	Alin S	: Course	m of som of
150-REV. 1/1/65		0	130	alle mo.



G-355 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 1215

M.E. CASE NO.						
1. NAME OF DEC		n		2. DATE AND HOUR PRONOUNCED DEAD		
RAYMOND PETER GETTM				AN January 28 1965 12:25 A.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Baltimore City Hospitals			Baltimore D. STREET ADDRESS (If rurol, give locotion) 4100 E. Lombard Street			
Male	White	WIDO WED.	DIVORCED (specify)	5-3-	Months, Doys, Hours, Min	
DA. USUAL OCCUPATION (Give kind of work) DB. KIND OF BUSINESS OR INDUS			RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
NEVER FATHER'S NAM	EMPLOYED			14. MOTHER'S MAIDEN NAME		
PETER GETTMAN			EMMA GENART			
es, no or unknown)	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	Cliai P Essay - 911a	ADDRESS Boack
18.			0.4115	7	J. I sece	rua Tark, mor
42	1 1		CAUS	E OF DEATH		ONSET AND DEAT
DISEAS	E OR CONDITION DI				ic Cardiovascular	Disagra
(This days a	LEADING TO DEATH		(A)	iosclerot	ic Cardiovascular	Disease.
heort foilure, injury or con	ot meon the mode of osthenio, etc. It meons application which coused	the discose, deoth.)	DUE TO			
	NITE OF NIDENIT OF THE					
	NTECENDENT CAUSE		(B)			
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S		DUE TO			
_ 1	IG CONDITION LAST.		(C)			The state of the s
5			167	***************************************		
I TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T				
DISEASE OF	OPERATION 198, CON		WHICH OBERATION	20A ALLTON	SY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
	WAS PER		WINCH OFEKATION		IN CERTIFYING CAL	
UNDERLYING CAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C. office bldg., INJU	WHERE DID (If in Boltimore City, g RY OCCUR?	rive exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	HILE AT NOT	WHILE	HOW DID INJURY OCCUR?	
22.	ify that I held an I	nguiry		otapsy a	nd that an this basis, death in	my aninian
	ted fram: Natural ca		ccident Suici		cide Undetermined mann	
-		1		CHIEF	MEDICAL EXAMINER	
SIGNATI		aules	I letty M.	ASSISTANT	MEDICAL EXAMINER X	DATE SIGNED 1/28/65
EXAMIN NAME (1	ER'S Charl	es S. Pe	etty, M.D.	ASSOCIATE	MEDICAL EXAMINER	1,20,03
3A. BURIAL CREA	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or county) (State)
EMOVAL (Specify	12 2-2-1	65	SCHWARTZ	's Gen	n. BACS6.,1	Mo- V
4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS
1	FEB 2 1965	Robert	E. Farley M.D.	3	Partly Apiller;	2334 Jefferson.
'S 151-REV. 1/1/6						



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such Deceased M.E. CASE NO. deat an 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) 4:05PM 1-28-65 LO GABLE hospital ARTHUR eath. < 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 0 ance B. COUNTY (2) USe (If not in hospital or institution, give street FULL NAME OF JERSEY Ö HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) use; attend 0 0 ROSELLE 0 THE JOHNS HOPKINS HOSPITAL prior D. STREET ADDRESS (If rurol, give location) 000 T 724 GOLF TERRACE etermined contribut occurre gular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 2 II Under 24 Hrs. BE Months Doys Hours deceased WIDOWED, DIVORCED (specify) lost birthdoy) MALE 8-15-05 WHITE MARRIED I 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) 2 eat PENNSYLVANIA 0 5 13. FATHER'S NAME C. SD 0 14. MOTHER'S MAIDEN NAME 70 0 (4) 3 ARTHUR GABLE EXPORACY BYENE MANAGEMENT Rebecca Bisner eath 2 AN 70 70 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS 0 kind final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. nce 724 GOLF TERRACE ROSELLE. NJ 52-01-8861 ELIZ. W. GABLE any 0 attenda CAUSE OF DEATH pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, med of antic Tenous LEADING TO DEATH 0 fracture (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease emba aminer aminer 0 injury at complication which caused death.) d O 3 ANTECEDENT CAUSES 0 50 DUE TO re 97 DISEASES OR CONDITIONS, if ony, 3 giving 3 0 rise to the obove couse (A) stoling Ihe. (C) physician UNDERLYING CONDITION last. remains ical 0 W burns; medica NO 11 med OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. NER the chief Body 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED 8 6 before 2 21A. ACCIDENT WAS UNDERLYING U 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? City, give exact location) OR CONTRIBUTING _ CAUSE OF 0 Z 0 DEATH (notify medical examiner) etc. nature; 3 MEDI obtained 21 D. TIME (Month) (Doy) (Year) 21E, INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While approve (APPROX.) At Work and Work S any 22. I certify that (1) (this hospital) attended the deceased from that (4) (we) last sow the deceased olive on... 19 0 and that In(my) (our) apinion death accurred an the date of hospital death) eq and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. must ccident 23A. SIGNATURE 238 DATE SIGNED Attending Stoll M.D Med. 0 Phys. Director Phys. pproval 0 23C. PHYSUCIAN'S 23D. ADDRESS prior 0 to NAME (Type) AGNEW H. D. M.D. 601 BROADWAY 0 24A. BURIAL CREMATION, 24B. DATE eceased 0 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) body D.0. REMOVAL (Specify shows: ELIZABETH, NEW JERSEY 0. BURTAL 2/1/65 EVERGREEN CEMETERY SDM his 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 0 + HOWARD H. HUBBARD 4107 WILKENS AVE. 21229 70 VS 150-REV. 1/1/65

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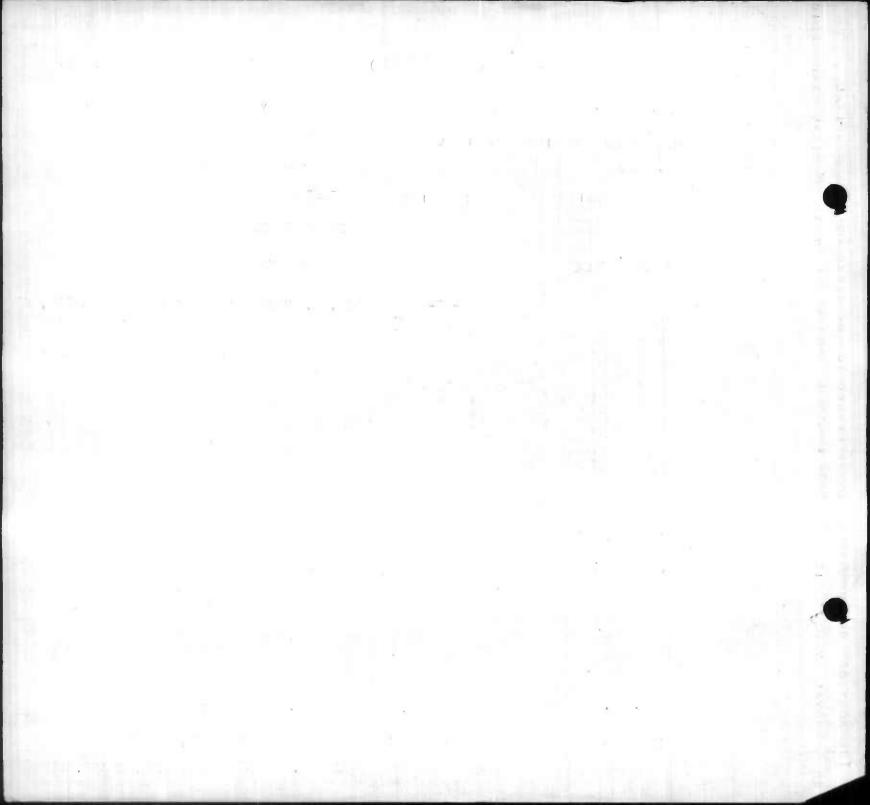
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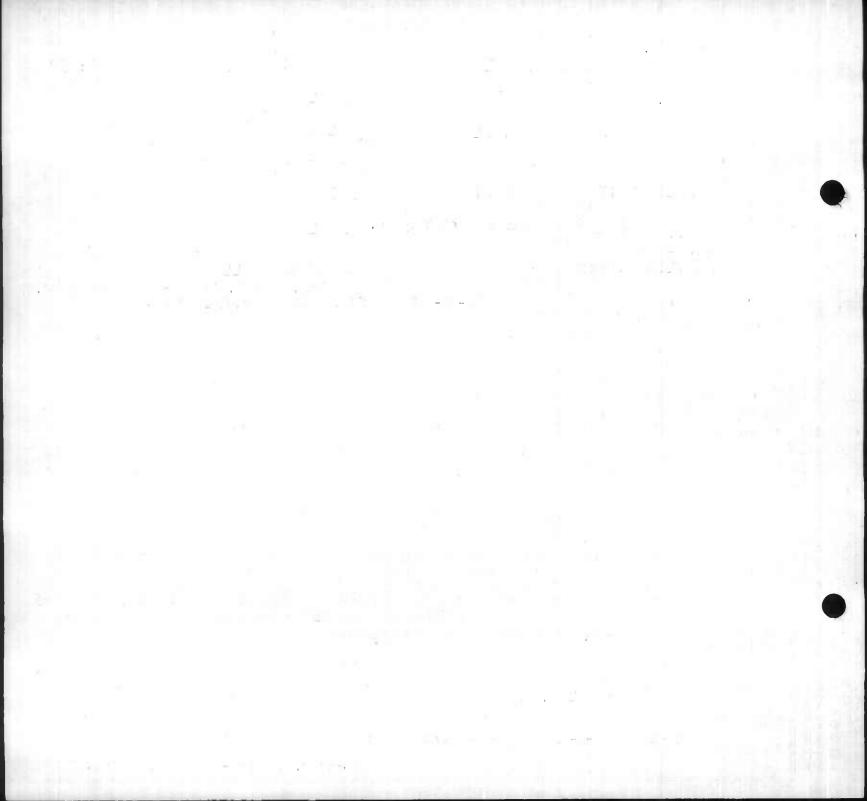
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65 1217	BALTIMORE CIT	Y HEALTH DEPARTMENT	C5 404m
BIRTH NO.	CERTIFICA	ATE OF DEATH X Registered Na.	65 1217
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) JOHN JACOB	ARNOLD	1 28 65	8.45P
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence befare odmission
		MARYLAND	12.04
FULL NAME OF (If not in hospitol oddress or lacation	ar institution, give street		Ballet
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	KUKAL and give tawnship)
ST AGNES H	HOSPITAL	D. STREET ADDRESS (If rurol, give location)	0000
		917 COURTNEY ROAD	
MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 3 7 84 9. AGE (In yeors last birthday) 80	If Under 1 Yt. If Under 24 Hrs Months Days Hours Min.
		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during mast of warking the exe if retired)	Monroe Uphølstery C	. MARYLAND	WITAL COUNTRY!
RETIRED Maker 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GOTLEIB		Margu	erite Buell
ENEXICE ARNOLD		MAKENE XXECKERY	
5. Was Deceased Ever in U. S. Armed Far. Yes, no ar unknawn) (If yes, give war or date		17. INFORMANT Mrs. Emma V. Arnold	-917 Courtney Rd. 2
No	212-03-3870	ST AGNES HOSPITAL REG	
18. 44 = 44	The state of the s	OF DEATH	INTERVAL BETWEEN
1 1 - 7 1 1		1	ONSET AND DEATH
DISEASE OR CONDITION DIR	ECILY	1 1 4 4	0
(This does not mean the made of	dying, e.g., DUE TO	Brogsture Man Ca	<u>XIII.</u>
heart failure, asthenia, etc. It means	The disease,		
injury ar camplication which caused			
ANTECEDENT CAUSES	(B) DUE TO		
DISEASES OR CONDITIONS, if	any, giving	A 0 0 A	
rise to the above couse (A) UNDERLYING CONDITION tost.	stating the (C)	aleral personepluill	
CHDERETING CONDITION 1081.			
, II			
OTHER SIGNIFICANT CONDITIONS C			
DISEASE OR CONDITION CAUSING I			
U THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	YES 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
		I E 3	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, foctory, street,		re City, give exact lacation)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Day) (Year)	(Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi		
(APPROX)	Wark At Work		
22. 1 certify that (1) (this hospital) attended the deceased from	1 20 1965 to	28 19 65
that (I) (we) last saw the decease	d glive on 1 28	19 65 and that in(my) (our) ap	inion doub commod on the de
	and the second s		man deam accorred an me da
and have and from the causes stat	ed abave. (I) (We) (did) (dld nat)	view the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
1 Janka X	M.D. At	Pending Med. Staff Phys. Phys.	
23C. PHYSICIAN'S	0110000	23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type) RAPHAEL C	. MYERS JR M.D.		
and the second second second second second			
44. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (C	ity, tawn, ar county) (State)
Burial 2-1-65	Loudon Park Cer	metery Baltimore, Ma	ryland
5A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 2 1965 (P. D. Fr E. Sanbeu M.A	Howard H. Hubbard-4107 W	
	Pour -		
S 150-REV. 1/1/65		<i>a</i> .	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH (5) Deceased hospitol and death M.E. CASE NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 3. PLACE OF DEATH IN BALTIMORE WOODROW -2-65 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY deoth. of attendance A. STATE COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddross or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township 0 conse; INSTITUTION 0 prior HOSPITAL contributing D. STREET ADDRESS (If rurol, give location) UNIVERSITY occurred is made. (4) Undetermined regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) Months Doys 7/23/1918
11. BIRTHPLACE (Stote or foreign country) Single 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY death disposition done during most of working life, even if retired) Cement Finisher Construction Co. Carson , Virginia USA MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct assistant if James Gwalftnev izabeth Green IMPORTANT death LO 15. Was Deceased Eyer in U. S. Armed Forcas 17. INFORMANT 6. SOCIAL or final (Yas, no or unknown) (If yes, give war or dates of service) SECURITY NO. ance Hugh Gwaltney-3025 Walbrook Ave. any CAUSE OF DEATH pronounced attend DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This daes not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, DIRECTOR: examiner. regulor injury or complication which caused death.) ANTECEDENT CAUSES who ore DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the <u>e</u> = physician UNDERLYING CONDITION last. before the remains chief medical medicol burns; MOS FUNERAL ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) the 0 INS Aft ICIENCY the 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroot, office bldg., INJURY OCCUR? (2) Ū 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where to the hospital °N MEDICAL DEATH (notify modical examinar) noture; Py obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While I (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from. death); 19 65 that (1) (we) last sow the deceased olive on. of hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. released must accident 23A. SIGNATURE certificate must M.D. Attending Phys. Med. Director Stoff 10 Phys. approval 0 23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS prior ŧ the body was An M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) written shows: Burial 2/6/65 Baltimore Mt. Auburn Cemetery SD M 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exect location) and that in (my) (our) apinion death accurred an the date 23 B. DATE SIGNED Maryland 25B. NAME OF REGISTRAR ADDRESS Nutter-3035 W. North VS 150-REV. 1/1/65

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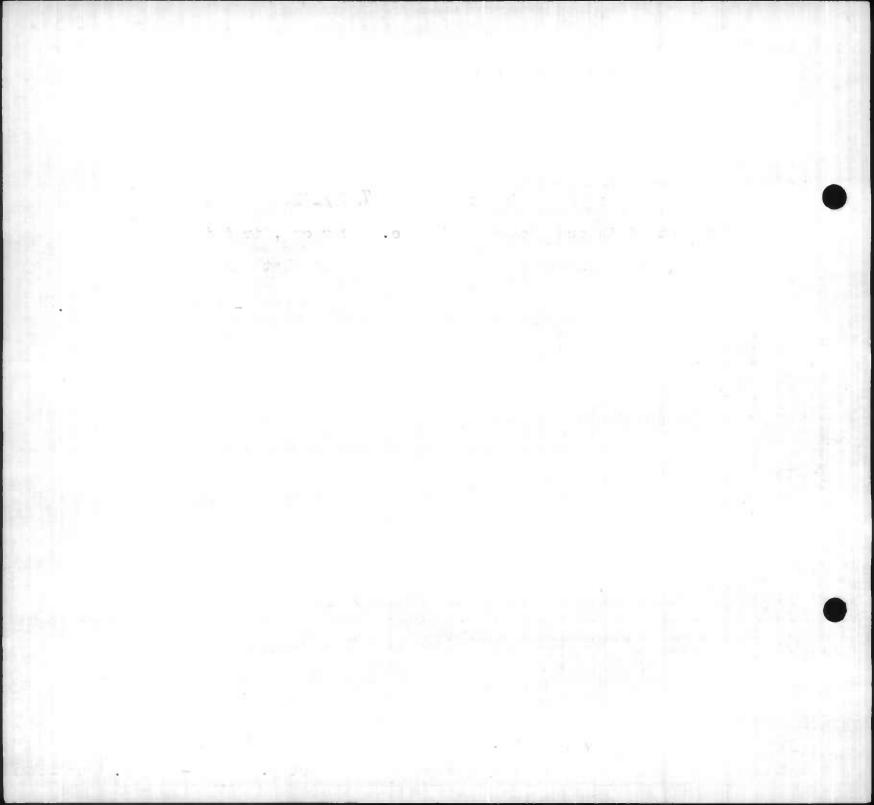
If Under 24 Hrs.

Hours

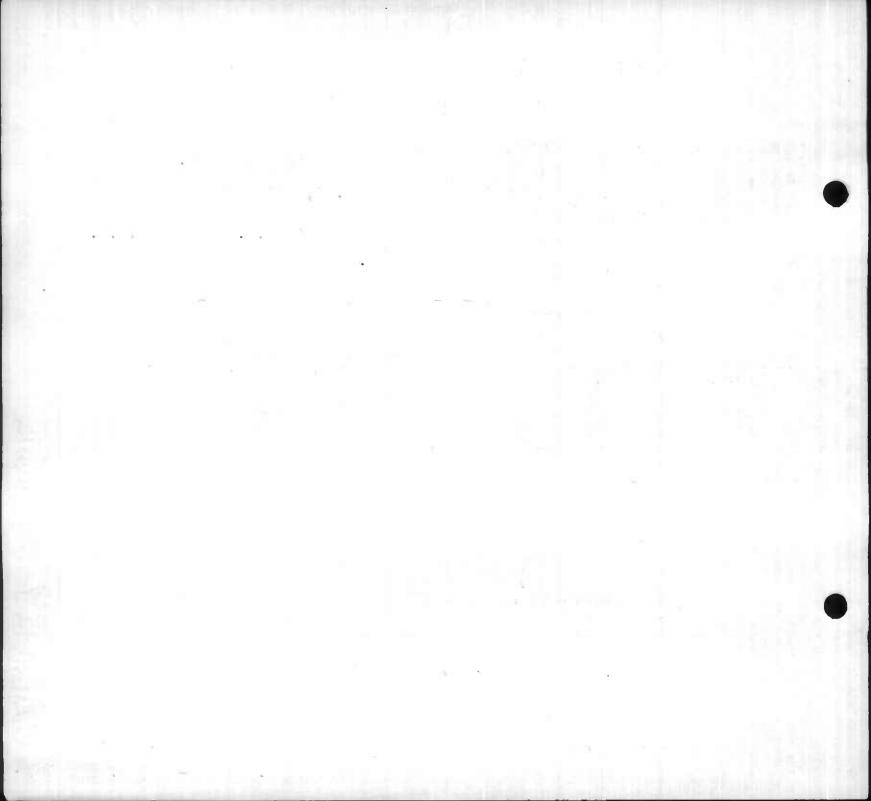
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH



		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 4940
	65 1219	CERTIFICA	TE OF DEATH	Registered No	65 1219
M.E. CASE NO.	CEASED		2. DATE A	ND HOUR OF DEAT	н О = С
Type or Print)	Julia Bro	ooks	Jan	29,1965	8 53
B. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Wh A. STATE 8. COU		institution: residence before odmissio
FULL NAME	OF (If not in hospital	or institution, give street	Maryland	_ /	3-04
HOSPITAL OF	R oddress or locotio	n)	C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)
		3	Baltimore		
Provi	ident Hospi	tal		f rural, give location)	
			3402 Woodb		
S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost bighdoy)	Months Doys Hours Min.
Female	Colored	Larried	Oct.15,1908	56	
OA, USUAL OC	CUPATION (Give kind of wor of working life, even if refired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	sewife	Home	Magnolia N	. C .	U.S.A.
3. FATHER'S NA		1 23 0 21 0	Magnolia N	AME	
Dan	iel Merritt		Melissa Br	inson	
5. Wos Deceose	ed Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	array can also Print The Control of the	ADDRESS Auro
res, no or unknov	wn) (If yes, give wor or dot	es of service) SECURITY NO.	Mr. Excell	Brooks-34	02 Voodbrook
18,			OF DEATH		INTERVAL BETWEEN
0	ASE OR CONDITION DI			-0 0	ONSET AND DEATH
Dist	LEADING TO DEATH	And	te myorardul onary artery	uhritian	3834441
	nal mean the made of	dying, e.g., Doe 10	b buscletions	on war with	10 Vocames
	e, asthenia, etc. 11 means amplication which caused	the disease, ideath.)	1	0.	
	ANTECEDENT CAUSES	(B) (C)	onary gettery	aueare	
DISEASES	OR CONDITIONS, if	any, giving	and order	1-	
rise to 1	he abave cause (A)		holes wille	llbs	Treass
UNDERLITE	NG CONDITION Iosi.				0
Z OTHER SIGN	II NIFICANT CONDITIONS (CONTRIBUTING			
E TO THE	DEATH BUT NOT RELA	ATED TO THE			
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 208, IF YES. WER	E FINDINGS CONSIDERED
19A. DATE C	WAS PER			IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING		in or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
▼ DEATH (noti	BUTING CAUSE OF ify medical examiner	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not Wh	ile 🦳		
		Work At Work			
22. I certif	y that (1) (th is hospi ta	I) ottended the deceased from	LW 7	19 05 to	2W 29, 1905
that (1) (we) lost sow the decease	ed olive on 109,	19 (0 \ ond t	hot in (my) (out o	pinian death occurred on the d
ond hour o	nd from the couses sto	ted obove. (I) (We) (did) (did met)	view the body ofter deoth.		
23A. SIGNAT	URE	8 (1)			23B. DATE SIGNED
	AD LANDA		ending Med. Director	Stoff Phys.	1.30.65
23 C. PHYSIC	YAN'S	10.000.	23D. ADDRESS		
NAME	(Type)	M.D.	1427 M2 D.	1/100	Bitter Vis
4A. BURIAL CE	REMATION, 24B. DATE	24C. NAME of CEMETERY of CI	EMATORY 1245	LOCATION	City, town, or county) (State)
REMOVAL	(Specify)	THE OF GENERAL OF CI	2404	LUCATION (City, town, or county) (State)
Burial	2/1/6	5 Arbutus Memor		altimore	Co. Maryland
DATE REC'	D BY HEALTH DEPT.	P. P. & Saley M.A.	25C. FUNERAL DIRECTO	R	ADDRESS
	FEB 2 1965	Mobile C. Valley!	n Herbert E	.) Nutter-	3035 W.North Av
VS 150-REV. 1/1	/65				



was D.O.

BIRTH NO.

5. SEX

M.E. CASE NO. I. NAME OF DECEASED (Type at Print)

FULL NAME OF

13. FATHER'S NAME

(Yes, no or unknawn) (If yes, give

HOSPITAL OR

3. PLACE OF DEATH IN BALTIMORE MARYLAND

6. RACE

5. Was Deceased Ever in U. S. Armed Farces

done during most of working life, even if retired)

address or location)

JOHNS HOPKINS HOSP

(If not in hospital or institution, give street

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

war or dates of service)

WAS PERFORMED

(Yeor)

MARRIED, NEVER MARRIED

Single

giving

WIDOWED, DIVORCED (specify)

6. SOCIAL

SECURITY NO.

Such

eath.

T

prior

U O

ance

attend 0

hospital

0

	BALTIMORE	CITY	HEALTH	DEPARTMENT
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CED	TIE	CA	TE	OF	DEATI	
CLK		LA			DLAH	

4. USUAL RESIDEN

CITY OR TOWN

17. INFORMANT

IENT	
TH Registered No.	65 1320
ATE AND HOUR OF DEATH	
2-1-65	1:45 a m.
	stitutian: lesidence befole admission)
	10-01
(If outside city limits, write l	RURAL ond give township)
l E	
(If rural, give location)	
FDEN ST	
9. AGE (In years last birthday)	If Under 1 Yr. , If Under 24 Hrs. Manths Days Hours Min.
e or foreign country)	12. CITIZEN OF
- ne	WHAT COUNTRY?
DEN NAME	
SIMS	
, n	ADDRESS
ah Brown	91971 Eden St
	INTERVAL BETWEEN ONSET AND DEATH
eafitis	3 days
-	
Perrhoses	4 years
ď	
1	5.0
es or Nol 208, IF YES, WERE	INDINGS CONSIDERED
IN CERTIFYING CAL	JSES OF DEATH?

ta the abave cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the made of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

ANTECEDENT CAUSES

injuly at complication which caused death.)

DISEASES OR CONDITIONS, if any,

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Manth) (Day)

that (I) (we) last sow the deceased alive on

DEATH (natify medical examiner)

MEDIC

OF INJURY

(APPROX.)

19A. DATE OF OPERATION

198, CONDITION FOR WHICH OPERATION

(If in Boltimare City, give exact location)

218 PLACE OF INJURY (e.g., in or obout 21/C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) (Haur) 21 E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

While At Not While At Wark Work

22. I certify that (1) (this hospital) attended the deceased from

...and that in (my) (our) opinion death accurred on the date

ond hour ond fram the couses stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE	1						23B. DATE SIGNED
pl. 7	Kenna	()	TAN M.D.	Attending	Med.	Stoff N	911
form 7	Slover	172	0011)	Phys.	Director	Phys.	0-1-65
23 C. PHYSICIAN'S	7			23D. ADDRESS			

BIGGER, M.D. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY

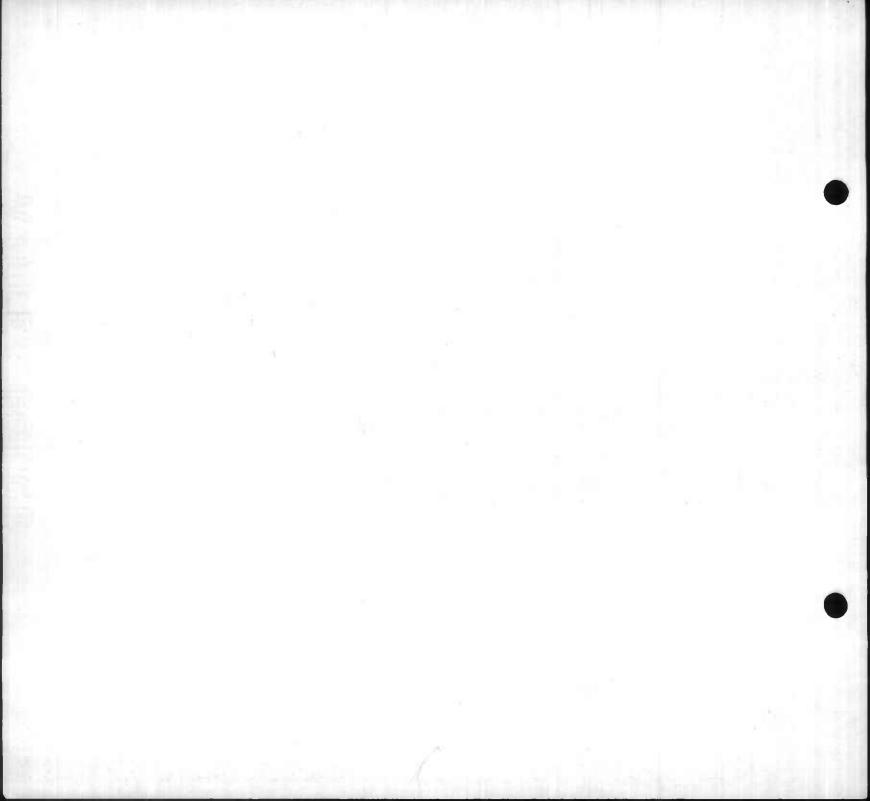
25B. NAME OF REGISTRAR Relief E. Fall

(State)

VS 150-REV. 1/1/65

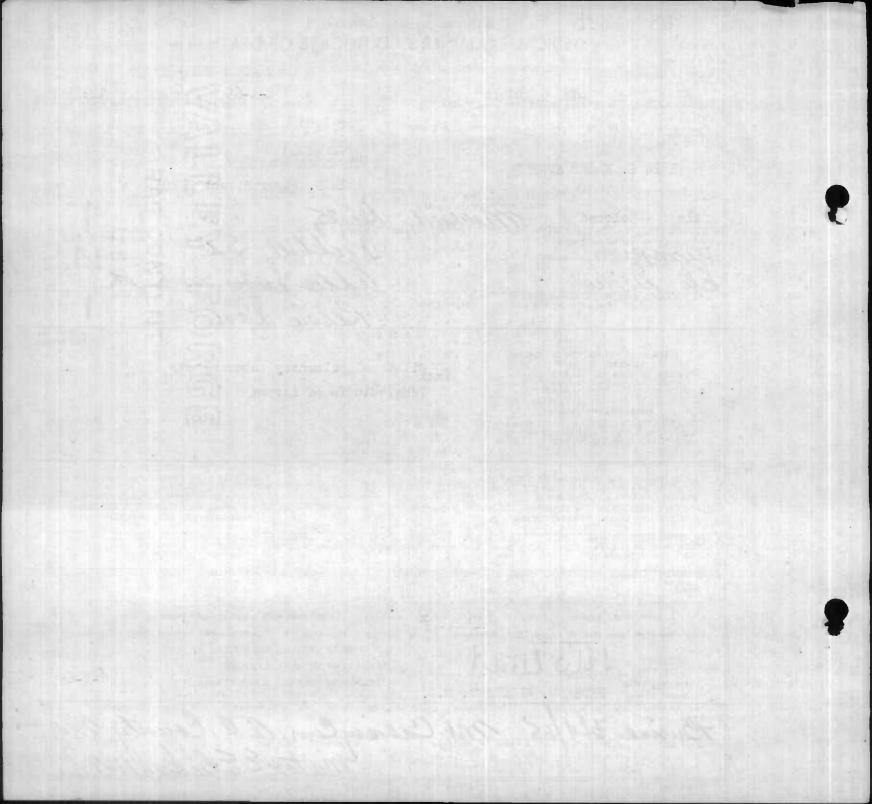
REMOVAL (Specify)

DATE REC'D BY HEALTH DEPT.



Ш		
Н	BIRTH	NO.

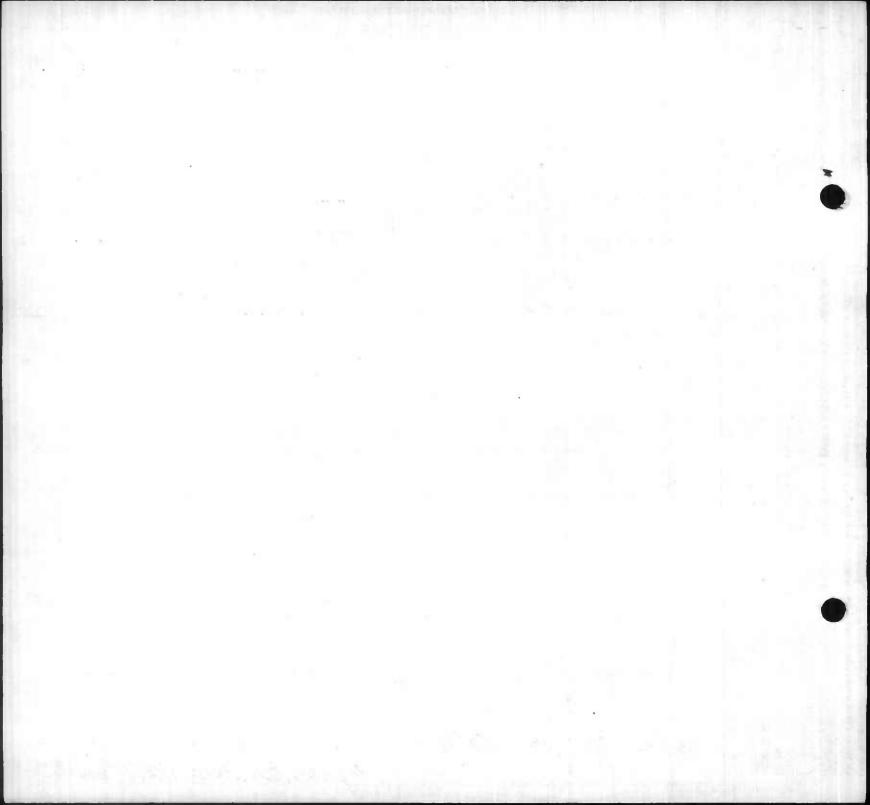
1	65 1221 BALTIMORE CITY HEALTH DEPARTMENT 65 1221
D-120	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) BEN DAVIS 2-1-65 12:15 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore / To
0	1824 E. EAGER STREET D. STREET ADDRESS (If rurol, give locotion)
	1824 E. Eager Street 21205 S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. If Under 24 Hrs.
	Male Colored WIDOWED, DIVORCED(specify) Male Colored Months, Doys Hours, Min.
`	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Tempi Porkhill 2, C,
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
V	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease,
	injury or complication which coused death. Tuberculosis of larynx
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Mary Street	O TO THE DEATH BUT NOT RELATED TO THE
STORE IN THE	E DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING □ OR CONTRIB- home, form, foctory, street, office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. Control C
	OF INJURY (APPROX.) WHILE AT NOT WHILE
	22. I certify that I held an Inquiry Inspection of Autapsy and that an this basis, death in my apinian
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. ASSOCIATE MEDICAL EXAMINER X 2-1-05
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Durial tet 4/65 Mr. Calsary Cem al a County ma,
	FEB 2 1965 Relieut & Farberth Dept. / 1248, NAME OF REGISTRAR 249 FUNERAL DIRECTOR FEB 2 1965 Relieut & Farberth Millian & Flacks 1129 MG f.
	VS 151-REV. 1/1/65



		BALTIMORE	CITY	HEALTH	DEPARTMEN
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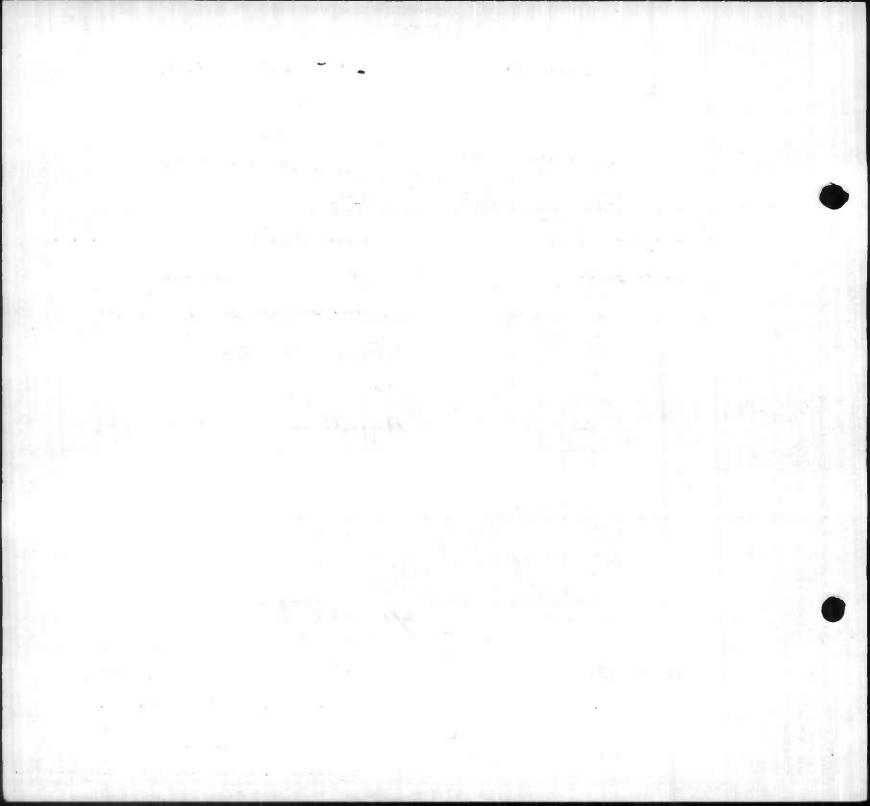
		65	4	20	0
leg i stered	Na	UU		S.C.	4

MRTH NO. 65 1222 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	
NAME OF DECEASED Type or Print)			ND HOUR OF DEAT	Н
John Edy	vard Lyle	I I HEHAL RESIDENCE (Wh	-31-65	institution: residence before admission
FULL NAME OF (If not in hospital or in:		A. STATE B. COU	NTY	Similation: residence before admissio
HOSPITAL OR oddress or location)		Maryland c. city or town (IF o	utside city limits, write	e RURAL and give township)
Daltimore Ci	ty Hospitals	Baltimore		
4940 Eastern		D. STREET ADDRESS	rural, give location)	
Baltimore, N		1208 North We		
Male Negro	MARRIED, NEVER MARRIED (vidowed, DIVORCED (specify) Single	8. DATE OF BIRTH 7-8-05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
one during most of working life, even if retired)		774		WHAT COUNTRY?
3. FALVER'S NAM		Virginia 14. MOTHER'S MAIDEN NA	ME	U.S.A.
Tolomes 1 4.0.		11.	?	
yawara syll	11.6 social	Turence	1	ADDRESS
. Was Deceased Ever in U. S. Amfed Forces? es, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. HIFORMANT		ADDRESS
100 Year Wart 2	217-01-1811	RECORDS: B.C	H. 4940 E	astern Avenue #21
118. 1647 /	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY			ONSET AND DEATH
LEADING TO DEATH	(A) Recu	rrent Carcinom	of Hypoph	arynx 1961
(This does not meon the made of dyin	ng, e.g., DUE TO		aa.a	J. April
heart failure, asthenia, etc. It means the injury or complication which caused deal				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the obave cause (A) stol	-	770000000000000000000000000000000000000		
UNDERLYING CONDITION lost.				
- 11				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	27	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in		(If in Boltim	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
2				
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not While At Work	e 📄		
22. I certify that (I) (this hospital) att	ended the deceased from	1-25	19 65 10	1-31 19 65
that (1) (we) last saw the deceased al	2 42			plnian death accurred on the d
				pinian death accurred an the d
and haur and from the causes stated a	bave. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
(Kiedard) to	M.D. Atte	mding Med. Director	Stoff Phys.	1-31-65
23C. PHYSICIAN'S		23D. ADDRESS		-))
NAME (Type)	M.D.			M
Dr. Richard	Lane	A940 Easter		21224
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	24D.	LOCATION	(City, town, or county) (Stole)
Ter 4 165	Corple / late	cem	5501 Fred	wel an tell, MA
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C FUNERAL DIRECTO	RAIA	ADDRESS
FEB 2 1965 R	Derb E. Farkey M.A	My 1.91 %	leakean	112911 Courtino St
150-REV. 1/1/65		- panico		11-11-001-1-

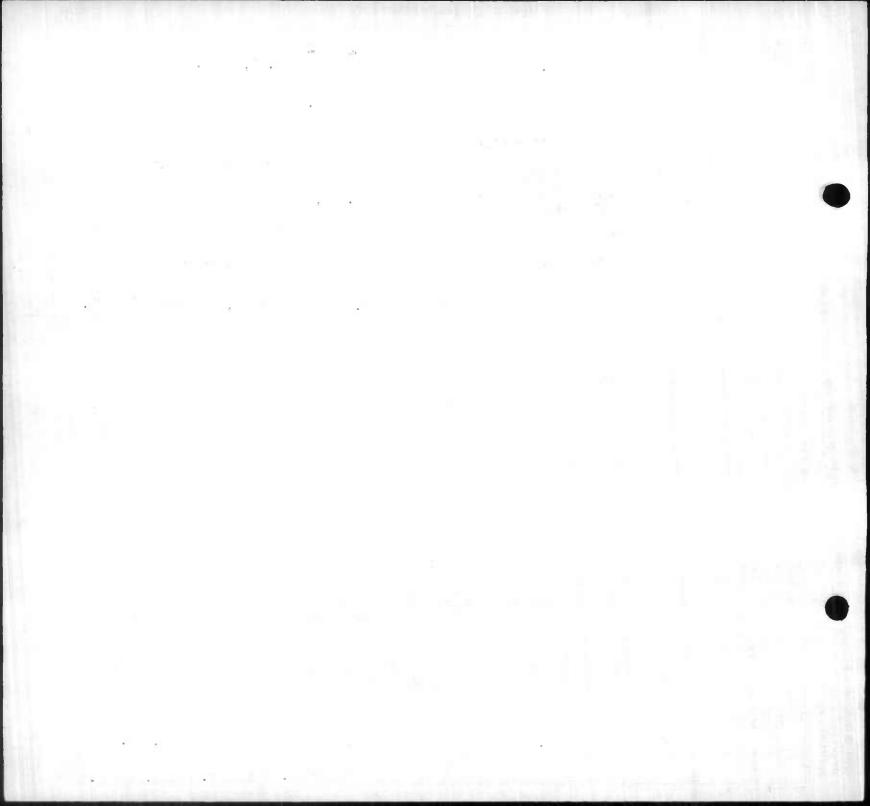


VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	
ыкти но. 65 1223	CERTIFICA	TE OF DEATH Registered N	. 65 1223
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) John John	· Enoch	2. DATE AND HOUR OF DEAT	1965 11:30 P.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased fived. II	finstitution: residence before admission
FULL NAME OF (II not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	ution, give street		te RURAL ond give township)
) 270.1 6 1 1 1	1	D. STREET ADDRESS (If ruro), give location)	
3704 Echodale		3704 Echodale Aver	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) Married OF BUSINESS OF INDUSTRY	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11. BIRTHPLACE (State or foreign country)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	AD OF BOSHIESS OF HIDOSIKI		WHAT COUNTRY?
Type Writer Business 13. PATHERS NAME		Pennsylvania 14. MOTHER MAIDEN NAME	U.S.A.
Walter Enoch		? Sheeho	7.10
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
res, no or unknown/tr yes, give wor or noies of ser	SECURITY NO.	Mrs. Frances Enoch,	3704 Echodale Av
18. 420, 11	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	Terrorlente CVD	5 years
heart foilure, asthenia, etc. It means the dis	eose,		0
ANTECEDENT CAUSES	(B) Co	ernery orlas	5 mech
	DUE TO		
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION lost.		Herter	10 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE	0	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A- ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	note City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		
22. I certify that (I) (this haspital) atten	ded the deceased from	1245 19 to	2// 1965
		1965 ond that in (my) (our)	
and hour and from the couses stated abo	ve. (I) (We) (did) (did not) v	lew the body ofter deoth.	
23A. SIGNATURE	M.D. Atte	nding Med. Stoll	23B, DATE SIGNED
W. H. Downhen	Phy	s. Director Phys.	2/2/65
23C.PHYSICIAN'S NAME (Type) Wilfred H. Townshe		23D. ADDRESS 14 E. Eager Street - E	Balto, Md. 21202
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL 2/4/65	HOLY REDEEMER CI	EMETERY BALTO., MD.	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 2 1965 R.L	rest E. Janky Mill	Leonard J. Ruck Inc	2 5305 Harford Re

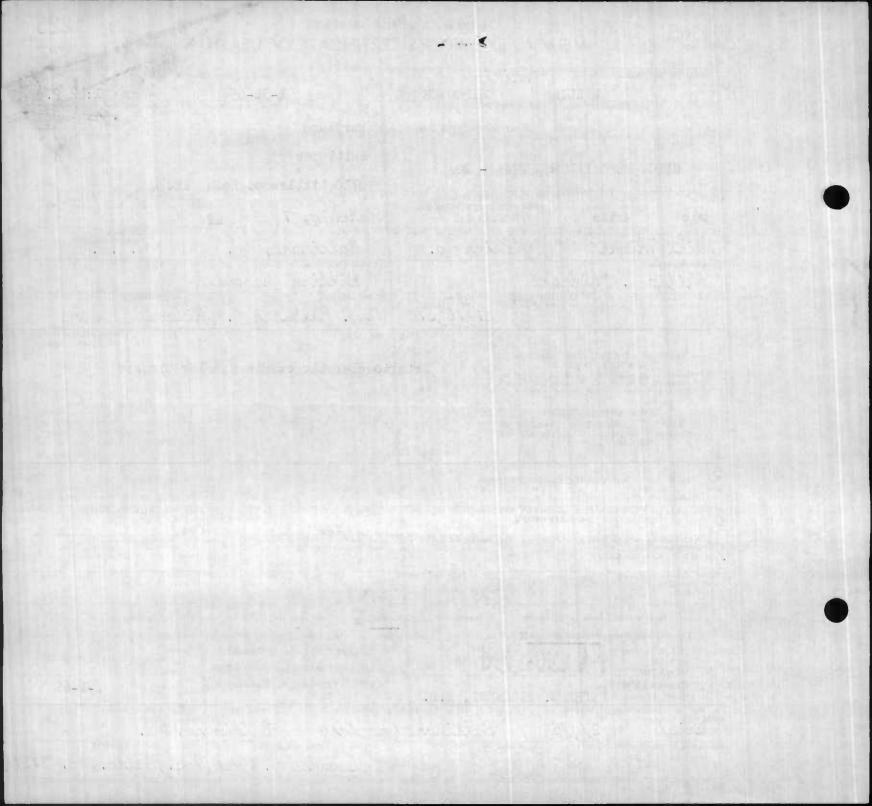


			BALTIMORE CITY	HEALTH DEPARTMENT		CE 4004			
	TH NO. 65 1224		CERTIFICA	TE OF DEATH	Registered Na.	65 1224			
1.1	E. CASE NO.				AND HOUR OF DEATH				
	pe or Print) Helen G		ney		1, 1965.	M			
3.	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (WI	here deceased lived. II in	nstitution: residence before odmission)				
	FULL NAME OF (If not in hospital	or institution.	rive street	Md.		7-00			
	HOSPITAL OR oddiess or locotic			outside city limits, write	RURAL ond give township)				
					Baltimore #	18			
	811 Montpe	lier Sti	reet	D. STREET ADDRESS (If rurol, give location)					
					Homestead S				
5.	SEX 6- RACE	7. MARRIED, WIDOWED	NEVER MARRIED), DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
	Female White	1	Vidow	Aug. 27, 1882	82				
	A, USUAL OCCUPATION (Give kind of wor- ne during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	Housewife	Own	n Home	Maryla	nd	USA			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
	William Po	wers			Catherine	Fagan			
15.	Was Deceased Ever in U. S. Armed Fo s,no or unknown) (III yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Ye		es of service)	SECURITY NO.	Mrs. Samuel Down	Jing 811 Mon	pelier St. # 18			
	No		None CAUSE O		TINE, OIL HOIL	INTERVAL BETWEEN			
	332X					ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heoit foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) Cerebral thrombosis DUE TO									
	(This does not mean the mode of		DUE TO		ou mouse				
	heoil foilule, asthenia, etc. It means injury or complication which coused				7				
	ANTECEDENT CAUSES			rierrosel	eroses				
	DISEASES OR CONDITIONS, if ony, giving								
	rise to the above couse (A)		(C)	1868-1868 Salam Sa	. m is p ===== == m p = = ppp				
	UNDERLYING CONDITION last.								
z		CONTRIBUTION							
ATION	OTHER SIGNIFICANT CONDITIONS (ATED TO TH	E						
	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED			
ERTIFIC	WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?			
CER	21A. ACCIDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)			
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	e, form, foctory, street, o	fice bldg., INJURY OCCUR?					
DIC			INJURY OCCURRED	21F. HOW DID IF	ATTIES OCCUES				
ME	OF INJURY		le At Not Whil		AJORI OCCOR:				
	(APPROX.) Work At Work								
	22. I certify that (1) (this haspital) attended the deceased from Ouly 1964 to Feb 1 1965.								
	that (1) (we) lost saw the deceosed olive on January 2319 65 and that In(my) (aur) apinion death accurred on the date								
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATURE	-				238. DATE SIGNED			
	Kalurt ?	MAG	M.D. Alte	ending Med.	Stolf Phys.	2/2/65			
23C. PHYSICIAN'S 23D. ADDRESS									
NAME (TYPE) PERFORE F. MAY M.D. 5612 The alamela									
24	A. BURIAL CREMATION, 248. DATE	124C NI	AME OF CEMETERY OF CRI		LOCATION IC	ity town or country (See)			
7	REMOVAL (Specify)					ity, town, or county) (Stote)			
	Burial 2/4/65	_	Cathedral Cem		Baltimor				
25/	A. DATE REC'D BY HEALTH DEPT.		C . F. D. M.D	25C. FUNERAL DIRECTO		ADDRESS			
	FEB 2 1965	Robert	E. tarbey M.A.	Leonard J. F	luck Inc. Bal	to. 14 Md.			
VS	150-REV. 1/1/65								



65 1995

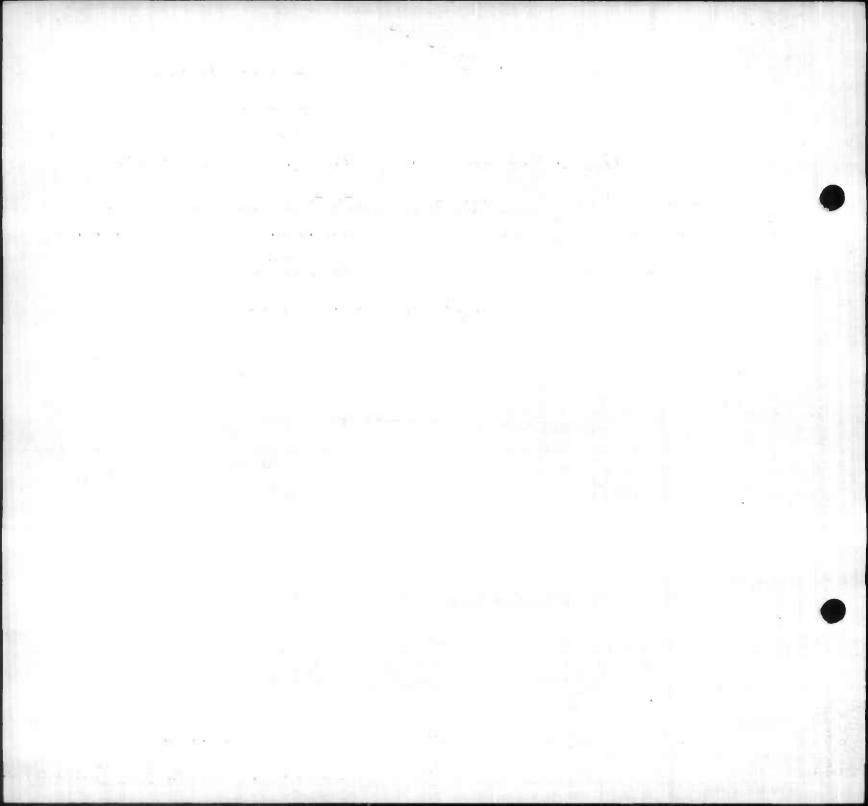
Male White WIDOWED, DIVORCEP (specify) March 4, 1922 42 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CI	1:42 P. N						
WILLIAM CHILCOATE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION WINDOW MEMORIAL, HOSPITAL - DOA S. SEX 6. RACE Widower, Diversed (Specify) Widower, Diversed (S	1:42 P. N						
BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION WINTON MEMORIAI, HOSPITAL - DOA S. SEX (6. RACE White White White Wowed, Divorcep(specify) March 4, 1922 Whowly in a most of Februage is estimated by a continuous of Februage in the street of	2 4 845						
A. STATE B. COUNTY ADDRESS OR LOCATION) WITHOUT MEMORIAL HOSPITAL - DOA UNTON MEMORIAL HOSPITAL - DOA Baltimore UNTON MEMORIAL HOSPITAL - DOA STREET ADDRESS (If rurol, give locotion) 8710 Littlewood Road 21234 8. STATE Baltimore D. STREET ADDRESS (If rurol, give locotion) 8710 Littlewood Road 21234 8. DATE OF BIRTH March 4, 1922 Individual of Wildowskind of work loss, kind of work loss, kind of work loss, thind of Business or Industry 11. Birthplace (Stole or foreign country) Baltimore, March 4, 1922 Identifying most of Vidiking life, even if refired) Brien (o. 14. MOTHER'S MAIDEN NAME Philip J. Chilcoat S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 213183810 CAUSE OF DEATH	2 4 845						
Baltimore UNION MEMORIAL HOSPITAL - DOA Baltimore D. STREET ADDRESS (If ruiol, give locotion) 8710 Littlewood Road 21234 S. SEX 6. RACE WIDOWED, NEVER MARRIED WIDOWED, DIVORCED(specify) March 4, 1922 122 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) O'Brien (o. Baltimore Month M	L ond give lownship)						
UNION MEMORIAL HOSPITAL - DOA D. STREET ADDRESS (If rurol, give locosion)	Car daries						
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Male White Married March 4, 1922 12 OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) OBTIEN (O. Baltimore, Md. W. S. FATHER'S NAME Philip J. Chilcoat S. WAS DECEASED EVER IN U.S. ARMED FORCES? (res, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 213183810 CAUSE OF DEATH CAUSE OF DEATH	nder 1 Yr. If Under 24 Hr						
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Philip J. Chilcoat Lillian Chenowith 5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give woi or dotes of service) 213183810 CAUSE OF DEATH Lillian Chenowith ADDR Mrs. Kathleen M. Chilcoat CAUSE OF DEATH	0 0 0 1 1 0						
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 213183810 Mrs. Kathleen M. Chilcoat CAUSE OF DEATH							
es, no or unknown (If yes, give wor or doles of service) 213183810 Mrs. Kathleen M. Chilcoat [18.] CAUSE OF DEATH	ree						
18. / 5 CAUSE OF DEATH	_						
	Same						
	INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
LEADING TO DEATH (This does not meen the mode of dying e.g. (A) Arteriosclerotic cardiovascular disease to the production of the mode of the mode of the control of the co	ase						
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.)							
ANTECENDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES							
21A, EXTERNAL CAUSE WAS 21R PLACE OF INJURY (e.g., in a) about 21C. WHERE DID. (If in Boltimore City give exact	t location)						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Common form, foctory, street, office bldg., INJURY OCCUR?							
E 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
OF INJURY							
m. WORK AT WORK							
1 certify that I held on Inquiry Inspection Autopsy and that on this bosis, death in my opin	nion						
	CE ME STATE						
ACTUAL CHIEF MEDICAL EXAMINER	DATE SIGNED						
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER							
EXAMINER'S ASSOCIATE MEDICAL EXAMINER X	2-1-65						
NAME (Type) PETER W. RIECKERT, M.D. 3A. BURIAL CREMATION, 123B. DATE 123C. NAME of CEMETERY of CREMATORY 123D. LOCATION (City, town,							
EMOVAL (Spegify)	or county) (Stote)						
Burial 2/4/65 Baltimore (emetery Baltimore, Md.	1						
4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS						
FFB 2 1965 B D. O. E. FalleyM. Leonard J. Ruck. Inc. Ba							



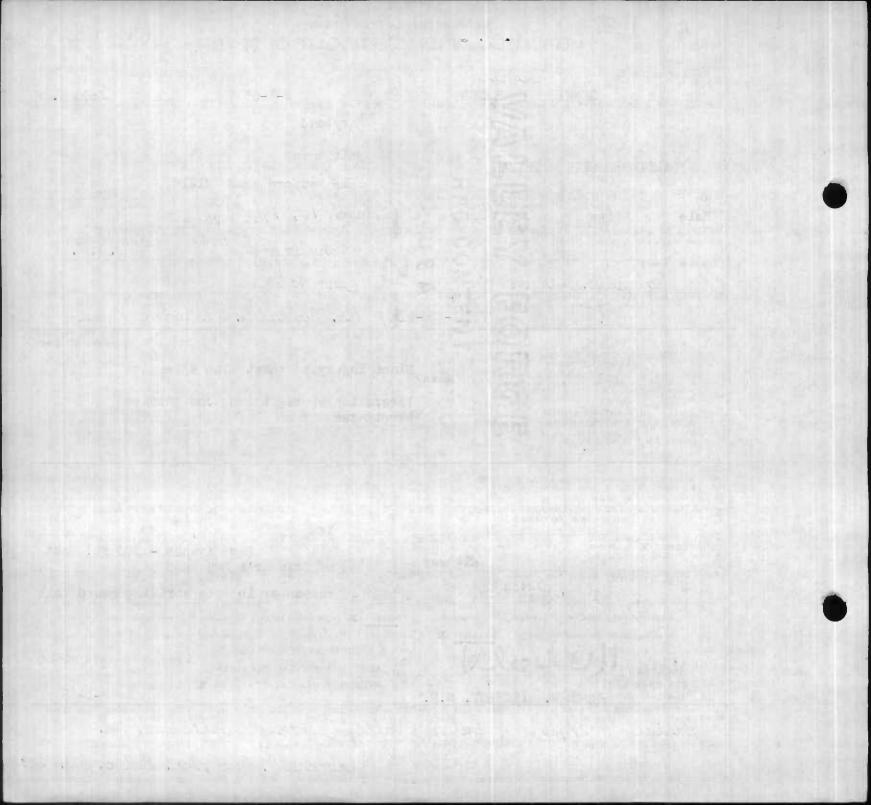
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 1226		
BIRTH NO. 65	1226	CERTIFICA	ATE OF DEATH	Registered No	00 1660		
1. NAME OF DECEAS (Type or Print)	Edwin	H. Freeman	g	D HOUR OF DEATH	(F.)		
3. PLACE OF DEATH	IN BALTIMORE MARYLA		Jebru 14. USUAL RESIDENCE (When	ary 1, 190	fitution: lesidence before ad		
			A. STATE B. COUN	TY	738		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) INSTITUTION			C. CITY OR TOWN (If out	d d	- / - 00		
			Baltimo		OKAL ona give township)		
)		1 1 1	D. STREET ADDRESS (If I	utol, give location)			
	1123 E. Be	Ivedere Ave.	1123 E. Belvedere Avenue				
5. SEX 6.		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In yeors lost birthdoy)	Months Doys Hours		
male	white	married	9-15-1897	67			
done during most of worl	ing life even if retired)	KIND OF BUSINESS OR INDUSTR	0 4 4 1	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Retired		BEORR	Balto., Md.		U.S.A.		
13. FATHERS NAME			14. MOTHER'S MAIDEN NAM				
John tr			(ora Gerdin	7			
15. Was Deceased Ev (Yes, no or unknown) (If	yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS		
		705100297	Mrs. Beulah	treeman	same		
18. 420	0 1	CAUSE	OF DEATH		INTERVAL BETWE		
DISEASE	OR CONDITION DIRECT	to i part	Pa. 4	ONSE! AND DEA			
	ADING TO DEATH	(A) CON	terioscleratic diseas	heart			
heort failure, as	meon the mode of dyi henia, etc. II means the	disease,	diseas	e			
	calion which caused dea TECEDENT CAUSES						
	CONDITIONS, if ony,	<u></u>	ক্ষাক্ষা কৰা কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব				
rise to the	abave cause (A) sla			. எல்லே இது நேர்க்கு நடிகளை எதுகது துகு முருமுமாமும் எதுது துது	ppppromono 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYING	ONDITION last.						
Z OTHER SIGNIFIC	ANT CONDITIONS CON'	TRIBUTING					
TO THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFIC TO THE DEAL DISEASE OR CO 19A. DATE OF OI		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED		
ERTI							
OR CONTRIBUTION	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of			(tf in Boltimore	City, give exact lacation)		
DEATH (notify me	dicol exominer)	etc.)					
OF INJURY	lonth) (Doy) (Year) (H	our) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)		While At Not Wh					
22. I certify the	22. I certify that (I) (this hospital) attended the deceased from 5/31/60 19 to 2/1/65 19						
that (I) (we) lo	st saw the deceased a	live on 12/5/64	19ond the	ot in (my) (our) opin	ion death occurred on t		
		obove. (1) (We) (did) (did not)					
23A. SIGNATURE	C 1				23 B. DATE SIGNED		
Xalu	est & Ma	M.D. AI	tending Med.	Stoff Phys.	2/1/65		
23 C. PHYSICIAN'S	0-21-0	1	23D. ADDRESS		, (
ROOF	PT E.	MAY M.D	5662 TA	HE AL	AMEDA		
	7	24C. NAME of CEMETERY OF C					
24A. BURIAL CREMA					y, town, or county) (
REMOVAL (Spec			neteru		y, town, or county)		
	2/4/65	Oaklawn Cen	netery 1	Balto., Md.	ADDRESS		

FR 1965 VS 150-REV. 1/1/65



VS 151-REV. 1/1/65



		000	BALTIMORE CITY	HEALTH DEPARTMENT		65 122	QC
BIRTH NO.	110	228	CERTIFICA	TE OF DEATH	Registered Na	65 122	.0
Type or Pr	of DECEASED	h Jame	s Eyskine	Feb	1 1965	18110	A
CERT,	FICATE C	TIMORE MARYLAND OPPOSITION OPPOSI	2-5-65	Mary and		20:	3
INSTITU	TION	morial	Hospital	Baltimo	dide city limits, write RUR	(AL and give township)	
0(101				27/8.1	1. Calver	ISC.	
Mal	e Cac	ic Sei	RIED, NEVER MARRIED OWED, DIVORCED (specify)	4-19-77-	lost birthdoys	f Under 1 Yr. If Under Nonths Days Hours	Min.
done during	most of working life,		Kage Store	Marylan	d	WHAT/COUNTRYZ	t
W	rs NAME	H, Ex	skine	Rather	ine Br	opan	
15. Wos D (Yes, no or t		ve wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	Alfred HEV	skine H	13 Northga	te
1B.	DISEASE OR CO	NDITION DIRECTLY	CAUSE	F DEATH	Diceinoli	INTERVAL BETWEE	
heort injury DISEA	foiluse, osthenia, ar complication ANTECED ASES OR CONE	the made of dying, etc. It means the diswhich coused death.) ENT CAUSES DITIONS, if any, g cause (A) stating	(B) Luft	let with rup	ture intr		
OTHE TO	R SIGNIFICANT C	II ONDITIONS CONTRIBI		cycles proced	114		
	ATE OF OPERATIO	N 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED	
_ OR CO	ACCIDENT WAS UDNTRIBUTING CO	AUSE OF	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	n or about 21C. WHERE DID lifice bldg., INJURY OCCUR?	((f in Baltimare C	ity, give exact lacotion)	
Q 21 D. TO	JURY	(Day) (Year) (Hour)	21E, INJURY OCCURRED While At Work Not White At Work	21F. HOW DID INJ	URY OCCUR?	1	1 -
that (l) (we)_last saw	the deceased alive	'	19 6 5 and the	19 105 ta Sel at in(my) (our) apinio	in death accurred an	the d
23A. SI	HOLO	a tel	(i) (We) (did) (did not)	ending Med.	Stoff Phys.	Feb 1, 19	6
Č	HARLES 7	. FLETCHA		Union }	nemori	eltop.	
BEM!	AL CREMATION, OVAL (Specily)	2/4/65 2/4/65	Balto. Nati		alto., Md.	town, or coulty)	(Stote
25A. DATE	FEB 2	1965 R.C.	ME OF REGISTRAR	Leonard J.	Ruck, Inc.,	Balto. Md.	
VS 150-RE		المام الألام	The Company			_	

·S. 153 2-5-65

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Undetermined regular

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Nellie McDonald January 31, 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, INSTITUTION Baltimore City Hospitals Baltimore
D. STREET ADDRESS 4940 Eastern Avenue (If rural, give location) Baltimore, Maryland 3801 Ednor Road Ū 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours is ma WIDOWED. DIVORCED (specify) lost birthday) 12-3-86 Widowed White 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland Laundress Hotel 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter Dunn Katherine Kelly 15. Was Deceased Ever in U. S. Armed Forces? {Yes, no or unknown}{(If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. 216-03-4449 RECORDS: No BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Pulmonary Edema (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth,) Congestive Heart Failure, Myocardial ANTECEDENT CAUSES DUE TO Infarction, Pulmonary Embolis are DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examine) 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from January 12, 19 65 to January 31. that (I) (we) last saw the deceased alive an January 31, 19 65 ...and that in (my) (aur) aplnian death accurred an the date and haur and fram the causes stated abave. (1) (We) (dld) (did-not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Stoff Phy s. Phys. Director ___ approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Robert Cooke 4940 Eastern Avenue 21224 M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

If Under 24 His.

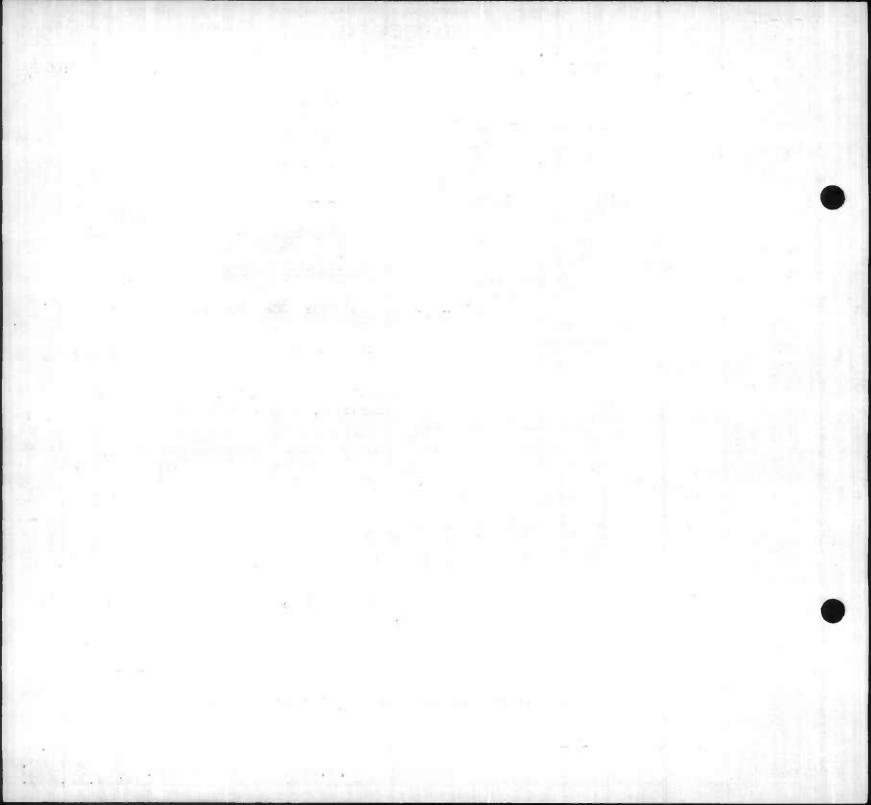
USA

ADDRESS

ONSET AND DEATH

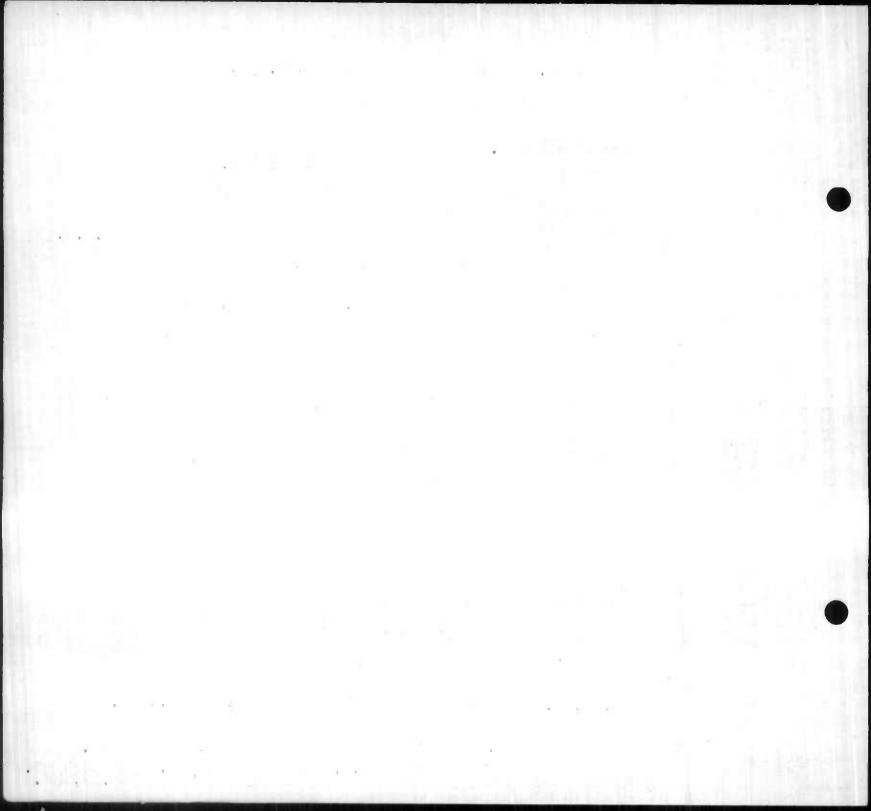
8 days

1-31-65 (City, town, or county) Baltimore 25C. FUNERAL DIRECTOR New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 4905 H.W. Jenkins & Sons Co. VS 150-REV. 1/1/65

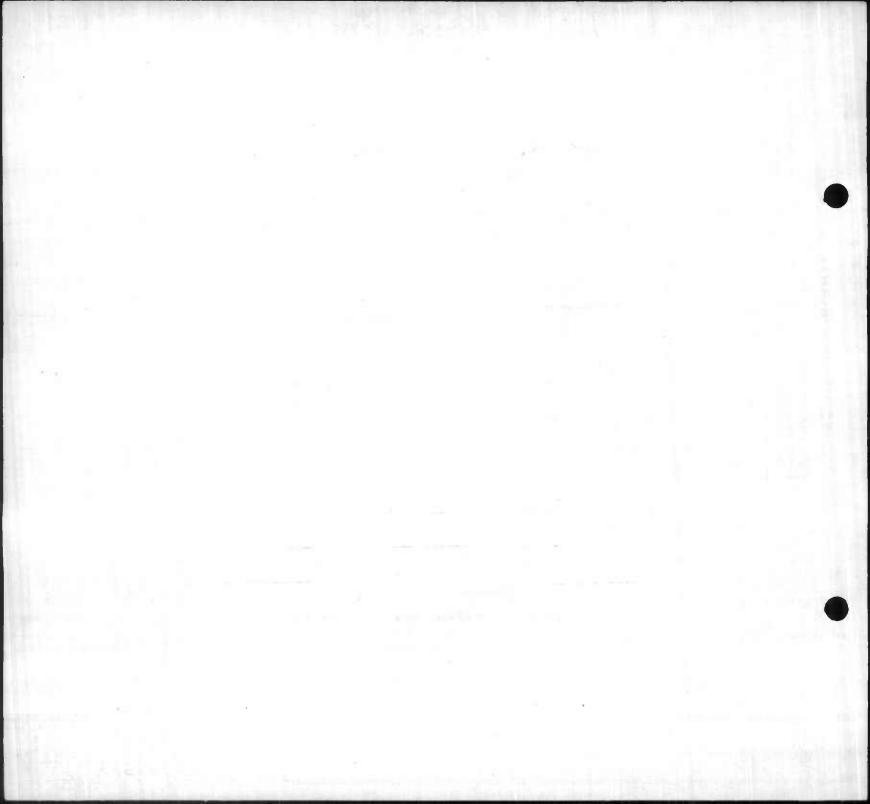


		4	BALTIMORE CITY	HEALTH DEPARTMENT		65 1230	
BIRTH NO.	65 1230		CERTIFICA	TE OF DEATH	Registered No	00 1200	
M.E. CASE NO.				2. DATE	AND HOUR OF DEATH	1 20 (
(Type or Print)	Ethel M	. Fish	er	Jan.	31. 1965	800 p. M.	
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W. A. STATE B. COL		institution: residence before odmission)	
ELLE MANAGO	OF (If not in hospital	or institution	nuo sheet	Maryland		2245	
FULL NAME OF HOSPITAL OR INSTITUTION	oddiess or locotion		jive sileer		outside city fimits, write	RURAL ond give township)	
INSTITUTION				Baltimore			
	602 Nicoll Ave.				D. STREET ADDRESS (If rurol, give location)		
				602 Nicoll			
5. sex	6. RACE		NEVER MARRIED), DIVORCED (specify) WOD	11/27/1883	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
	UPATION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	ewife	Own	Home	Maryl	and	U.S.A.	
13. FATHERS NA	WE	OWIL	1101110	14. MOTHER'S MAIDEN N	IAME		
David	Henry Mulle	n		Susan Crame	er		
5. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknowr No	n) (If yes, give wor or dote	es of service)	None	Mrs. Elizabe	eth F. Str		
18. 33	2×1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DI	RECTLY	CF	RFRADAI ARTI	ERY THROMBO	SIS 5 d a	
(This does not mean the mode of dying, e.g., DUE TO						is care	
	asthenia, etc. It means		2				
, ,	ANTECEDENT CAUSES		(B) 4	RTER 10 SCLE	TRUSIS	3 yells	
	OR CONDITIONS, if		DUE TO	0.1		C Cear	
rise to th	e above cause (A)	(c) <u></u>	a age		3 pass.		
UNDERLYIN	G CONDITION lost.			Q			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
DISEASE OR	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES. WER	E FINDINGS CONSIDERED	
19A. DATE OF	AUSES OF DEATH?						
U 21 A. ACCIDE	ore City, give exact location)						
DEATH (notify	UTING CAUSE OF y medical examiner	hom etc.	torm, toctory, street,	office bldg., INJURY OCCUR?			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?		
OF INJURY	non		ile At Wolvert				
	1 (1) (1) 1	Wo		017-10	10/3 W	1 5/ 10/01	
	y that (I) (this haspite		10 - 0	1064	10	<u> 3/ 1964</u>	
) last saw the deceose					pinian deoth occurred on the dote	
		ted obove. ((did not)	view the body ofter deot	h.	23B, DATE SIGNED	
23A. SIGNATI	F COR A RA	0 1	M.D. At	tending 💋 – Med. –	Staff	7.617/	
7/-6		wex	Ph	ys. Director	Phys.	Dec 1 . 01	
NAME (Type)	(1) - 7 d	Sand	23 D. ADDRESS	Post Post	o Ma	
24A. BURIAL CRI		Chalf	AME of CEMETERY or CI			City, town, or county) (State)	
Burial	01011-	o at	Manager 1 - A		0	26.2	
25A. DATE REC'E	BY HEALTH DEPT	25B. NAME	OF REGISTRAR	netery	Govans,	ADDRESS	
	FEB 2 1965	R. D. B	E. Farkey M.A.	H.W.Jenkin	s & Sons C	o. 4905 York Rd.	
VS 150-PEV 1/1		N. O. C.			-	Raito 15, Md.	

VS 150-REV, 1/1/65



				BALTIMORE CITY	HEALTH DEPARTMENT		05 1001		
M.E	L CASE NO.	1231		CERTIFICA	TE OF DEATH	Registered No.	65 1231		
	AME OF DECEAS		7	d		AND HOUR OF DEATH	165		
2 1		0		aetz		nuary 29, 19	Ulion: residence before admission)		
J. 1	PLACE OF DEATH	IN BALTIMORE, MA	KILAND		A. STATE B. COL		ulion: residence before admission)		
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospitot oddress or locotion		give street	Maryland C. CITY OR TOWN (IF C	outside city limits, write RUR	(AL and give township)		
					Baltimore				
	1200	Cooksie	St.		D. STREET ADDRESS 1200 Cook	If rurol, give location) Sie St.			
5. \$	EX 6. 1	RACE	WIDOWE	o, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH May 10,1896		f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		
			10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign country)	2. CITIZEN OF		
	Housew	ing life, even if retired)			Austr		Austria		
13.	FATHER'S NAME				14. MOTHERS MAIDEN N				
	J	ohn Boh	onos			Dzera			
15.	Was Deceased Eve	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(10:	No	yes, give wor or dote		SECURITY NO.	Michael Zee	tz 1200 Cool	raio St		
_	18 / / / >			CAUSE O		02 1200 0001	INTERVAL BETWEEN		
	441	OR CONDITION DI	BECTI V	CAUSE O	DEATH	ONSET AND DEATH			
		ADING TO DEATH	KECILI	Co	ronary Occlusio	Immediately			
	heart failure, ast	mean the made af henia, etc. It means cation which caused	the disease	, Н	ypertensive Car enal Disease	ypertensive Cardiovascular enal Disease			
	ANI								
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO					
	rise to the C	abave cause (A)	slating the	(C)					
	ONDERLING C								
CERTIFICATION	TO THE DEAT	ANT CONDITIONS OF THE BUT NOT RELATED TO THE PROPERTY OF THE P	ATED TO T	NG HE					
TIFIC	19A. DATE OF OP	DINGS CONSIDERED							
CER	21 A. ACCIDENT	(If in Boltimore C	ity, give exact location)						
MEDICAL	OR CONTRIBUTIN	IG CAUSE OF	ho	me, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?		.,, , , , , , , , , , , , , , , , , , ,		
103	21 D. TIME (NO	Nonth) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?			
S	(APPROX.)			hile At Not While					
	WORK AT WORK								
	22. I certify that (I) (this hospital) attended the deceased from October 1954 to January 29, 1965 that (I) (we) last saw the deceased alive on January 19, 1965 and that in (my) (aur) apinion death occurred an the date								
	and have and from the causes stated obove. (1) ((did) (did) view the body after death.								
	23A. SIGNATURE		0 1	_		23 B. C			
	F11	mark	5. K	Phy D. Att.	ending Med. Director	Stoff	2/1/65		
	23 C. PHYSICIAN'S	1000 -	/ //	- PUP FRAN	23D. ADDRESS	Phys.	-/-/-		
	NAME (Type)		R.	M.D.	F2.4 -	ST., Baltimore	e, Md.		
24/	REMOVAL (Spec	TION, 24B, DATE	24C, N	AME of CEMETERY of CR			town, or county) (Stote)		
	Burial	2/2/65	Но	ly Cross Cer	meterv	Anne Arunde	l, Maryland		
254	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME	OF REGISTRAR PURPLA	25C. FUNERAL DIRECTO	STevens Fune	ral Hume, Inc. ADDRESS THEME, Inc.		
VS	150-PEV 1/1/65	טטבו א ט.	MAGAM	-	13 /3 /	H. E. For	rrenue		

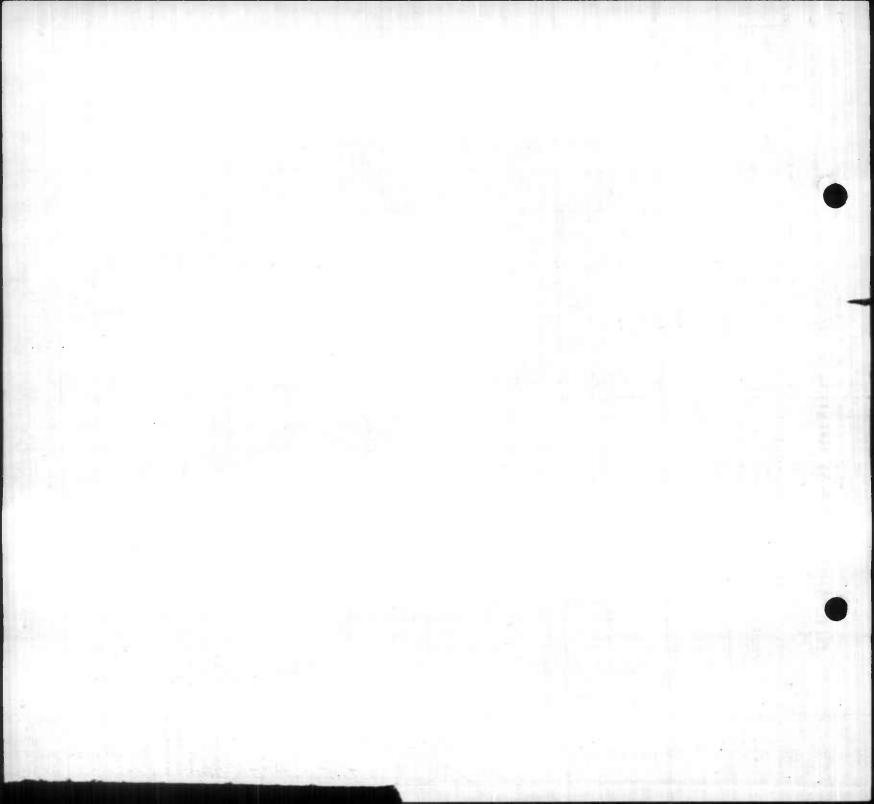


VS 151-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

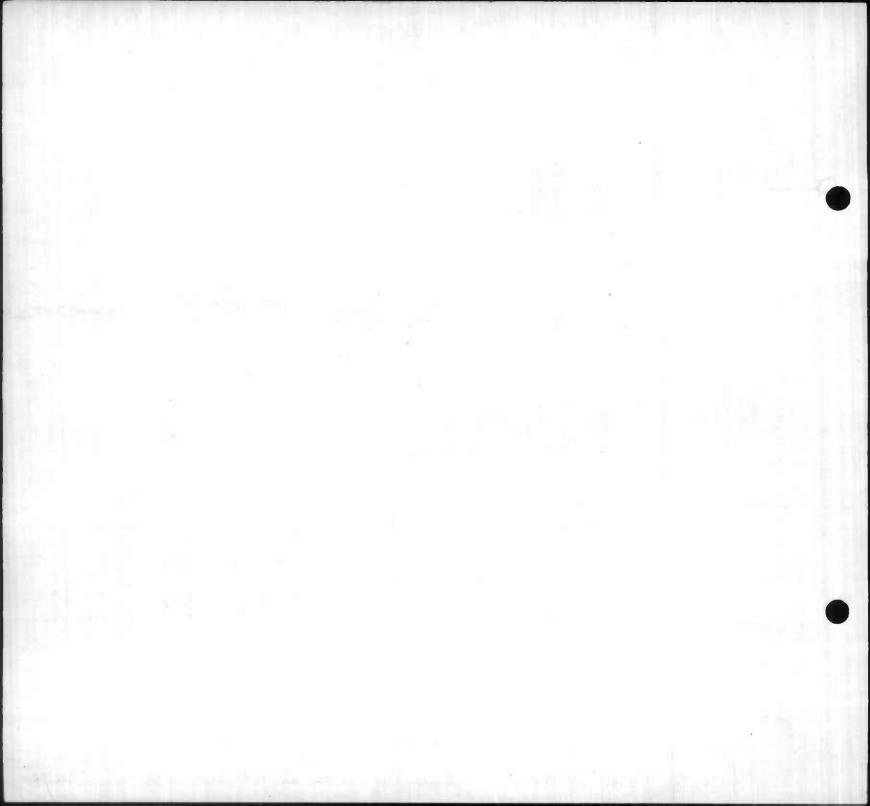
Registered No. BIRTH NO. RTIFICATE OF DEATH and Deceased Such of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo. 35 hospital death. 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
A. STALL
B. CODNTY 3. PLACE OF DEATH IN BALTIMORE/MARYLAND ance (2) cause (If not in hospital or institution, give sheet FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) Undetermined cause; attend 0 o prior Church Horne & Hospi tal contributing occurred made. regular 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF death disposition WHAT COUNTRY? done during most of warking life, even it retired) 0 Marine WOS 13. FATHER'S NAME the 4 or his assistant if eath LO 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL final (Yes, no or unknown) (It yes, give wor or dates of service) SECURITY NO. attendance any 0 pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, the chief medical examiner regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES Who are DISEASES OR CONDITIONS, if any, 3 rise to the above couse (A) stating the physician UNDERLYING CONDITION lost. be obtained before the remains medical WOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 2 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital ° MEDICAL DEATH (notity medical examiner) nature; be approved by (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) apinion death accurred on the date of death) hospital the body was released must and hour and from the causes stated above. (1) (We) (did) (did nat) yjew the body after death. An accident 23A. SIGNATURE certificate must 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff prior to Director written approval O 23C. PHYSICIAN'S at NAME (Type) D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased REMOVAL (Specity) shows: Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR ADDRESS 70 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased to death. Such written approval must be obtained before the emplaned or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		C5 4004				
BIRTH NO. 65 1234 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	65 1234				
1. NAME OF DECEASED (Type or Print) FLORENCE A.	GARRISON		130 65	645 P M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	4. USUAL RESIDENCE (When		nstitution: residence before admission)					
HOSPITAL OR address or lacation)	ULL NAME OF (If not in haspitol or institution, give street address or location) NSTITUTION SINAL HOSP CTAL			A. STATE B. COUNTY ATO BALT. C. CITY OR TOWN (It autside city limits, write RURAL and give township)				
310 MI 40385	IAC	D. STREET ADDRESS (If rurol, give locotion) 3021 ROSALIND AUE						
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 108, Kind and during most of working lite, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign D	gn country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknawn) (III yes, give war ar dates of sa	1 6. SOCIAL SECURITY NO.	17. INFORMANT She Rm AN OF DEATH	K. GARN	(ISON 364/ EL)				
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH				
(This daes not mean the made of dying heart failure, asthenia, etc. It means the d injury ar camplication which caused death	, e.g., DUE TO	FRENIOSCHLEROS	R DISEA	SE SE				
ANTECEDENT CAUSES	(B)		and the party of the section of the					
DISEASES OR CONDITIONS, if any,	DUE TO							
rise Ia the abave cause (A) statin UNDERLYING CONDITION last.		***************************************						
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE							
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes at No.	20B. IF YES, WERE	FINDINGS CONSIDERED				
OR CONTRIBUTING CAUSE OF DEATH (notity medical examined)	21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in ar about 21 C. WHERE DID office bldg., NJURY OCCUR?	(It in Baltimor	e City, give exact facotion)				
21D. TIME (Month) (Day) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
OF INJURY (APPROX.)	While At Not Wh							
20 1 (1) (1) (1)			2100	1/30 19 65				
22. I certify that (I) (this hospital) atte								
that (I) (we) last saw the deceased aliv			at in(my) (aur) ap	Inion death occurred on the date				
and have and from the causes stated ab	ave. (1) (We (did) (did nat)	view the bady after death.						
23A. SIGNATURE		Manadian - Adad -	19-13	238, DATE SIGNED				
Haw A. fee	M.D. A		Phys.	1/30/65				
23C. PHYSICIAM'S NAME (Type)	M.D	23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of C	REMATORY 24D. LC	OCATION (C	ity, tawn, or county) (State)				
B118101 2-3-65	LORRAINE	F PARK S	ALTO.	MD.				
	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2/1	ADDRESS				
FEB 3 1965 R	Pre & E StarberMA	Paul 50	Como of	134 / 3617 Guen				
VS 150-REV, 1/1/65		y vivil C	1	- we				



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D.O.A. deceased written ap

Was

attendance

regular

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

on the

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physician

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(2) Body

any nature;

of hospital death)

An accident

shows: (1)

to the hospital by

the body was released

certificate

by

approved

Also,

of death

an

a hospital

occurred

death

(4) Undetermined cause; (5) Deceased

contributing cause

		BALTIMORE CITY H
 nr.	1005	CERTIFICAT

oddress or location)

MARTIN WILLIAM MC FADDEN

Public Health Service Hospital

(If not in hospital or institution, give street

CERTIFICATE OF DEATH

EALTH DEPARTMENT

Registered Na.

	Jan.	31, 1965	, 8:0	05 P
USUAL RESI	B. COUNTY	eosed lived. It in	stitution: residence	before odmissio
Mar	yland	- (1 10	5
CITY OR TO	WN (If outside c	ity limits, write I	RURAL ond give to	wnship)

Baltimore D. STREET ADDRESS (If rurol, give location)

Wyman Pk. Drive & 31st Street		206 S. Norris Street				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	7/13/07	9. AGE (In years lost birthday)	if Under 1 Yr. If Under 24 H Months Doys Hours Min.	
done during most	CUPATION (Give kind of wor of working life, even if retired) atenance man	k 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of Pa.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N	AME		14. MOTHER'S MAIDEN	NAME		
James Mc Fadden		Emily Cell				

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. Records- WS PHS Hospital, Balto, Md. Yes USA (dates 826

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardiac arrest Terminal LEADING TO DEATH (This does not mean the made of dying, DUE TO heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) Hyperpotassemia Days ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving Carcinoma of the liver l mo. to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Hepato-renal syndrome Days TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC

19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)

21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work

22. I certify that (1) (this hospital) attended the deceased fram Jan 19 65 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (dld) (did not) view the body after death,

23B. DATE SIGNED 23A. SIGNATURE Attending Med. 2/1/65 M.D. Phys. Director ___

23C.PHYSICIANS
NAME Pype H. Frank, Surgeon (R) 23D. ADDRESS

M.D. US PHS Hospital, Balto, Md.

> 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Burial Feb. .1965 Cedar Hill Cem. Mdg Anne Arundel Co. 25C. FUNERAL DIRECTOR ADDRESS

> Walters Funr. Home Pratt & Stricker

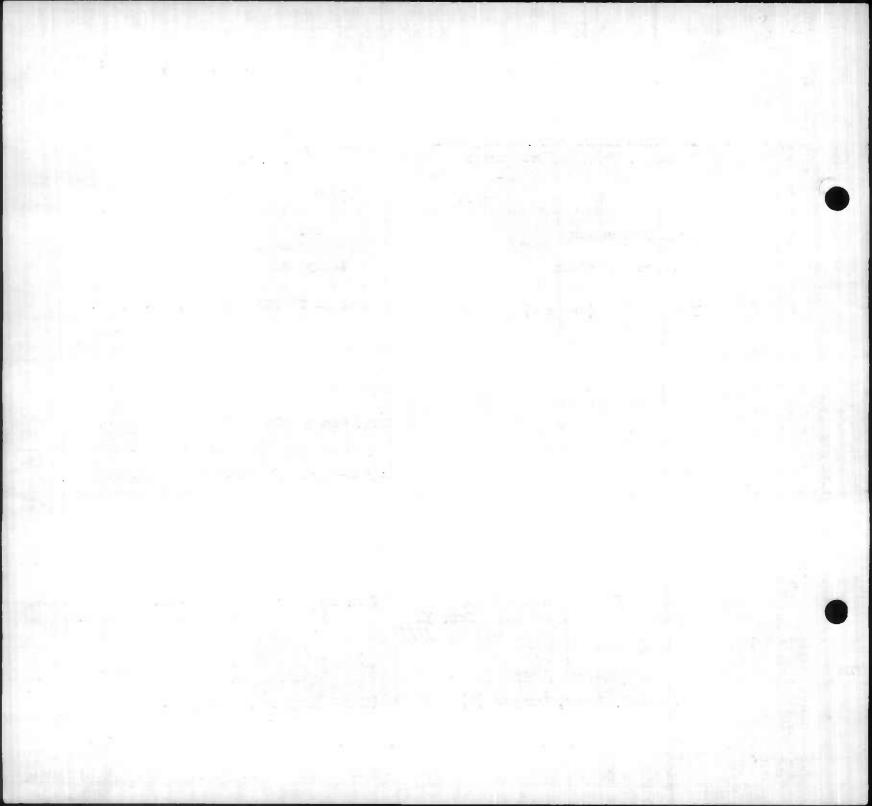
(Stote)

VS 150-REV, 1/1/65

24A. BURIAL CREMATION, 248. DATE

REMOVAL (Specify)

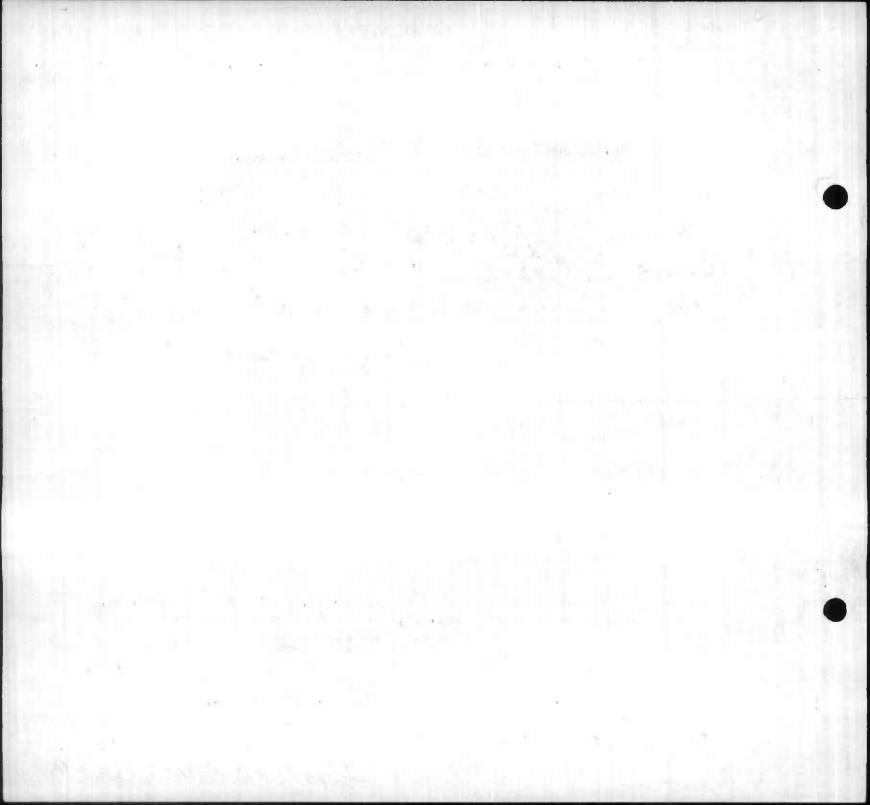
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0

1000	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 65 1236	CERTIFICA	TE OF DEATH	Registered No	65 1236
1. NAME OF DECEASED (Type or Print) Baker, James	C. SRI		31, 1965	7:55 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived, tf ins	titution: residence before admission)
FULL NAME OF (It not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	tion, give street	Maryland		URAL ond give township)
//		Baltimore #6		
St. Joseph Hosp	pital	D. STREET ADDRESS (If TO 3125 Dudley Av		
Male White	RIED, NEVER MARRIED OWED, DIVORCED (specify) Married	5/2/86	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working life, even if retired)	RETIRED	Baltimore, Md.	r country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
JAMES C. BAK	EA	SARAH JA	ANIE N	EIMEVER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Wo -	220-44-1452	L. WARD B	PAKER 6	.028 ALTA AVE
18.	CAUSE	OF DEATH	11110011	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g. (A) Ac	ute cholecystitis peritonitis	with	
heart failure, asthenia, etc. II means the dis injury or complication which caused death.)	ease,	peritonitis		
ANTECEDENT CAUSES	(B)			
	DUE TO piving			1 1133
rise to the above cause (A) stating	-	MACOCCOCCOCCOCCOCCCCCCCCCCCCCCCCCCCCCCC		
THE STATE OF THE S				
DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING Coronar	y artery disease		
	FOR WHICH OPERATION	NO No	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPRDX.)	21 E. INJURY OCCURRED While At Not Whi Work At Work		RY OCCUR?	
22. I certify that (I) (this hospital) attend		Jan. 29. 19	65 to	Jan. 31, 19 65 ,
that (I) (we) lost saw the deceased olive				
and hour and from the causes stated aba	ve. (I) (We) (did) (did not)	view the body after deoth.		CORD DARK CLONED
23A. SIGNATURE	Jan M.D. AH	tending Med. S		Zan 31 1965
The Buyerer and	Phy		hys.	Jan. 31, 1965
PHYSICIAMS NAME (Type) Juan G. Gan	M.D.	1400 N. Caroline	e St., 2121	3
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City	y, town, or county) (Stote)
BURIAL 3-3-65	LCCCOCN PAR	K CEM. FE	DERICK	RET BALTO MA
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	est E. Farker M.A.	DIPPELL	SROS 7/10	BELAIR ROAD

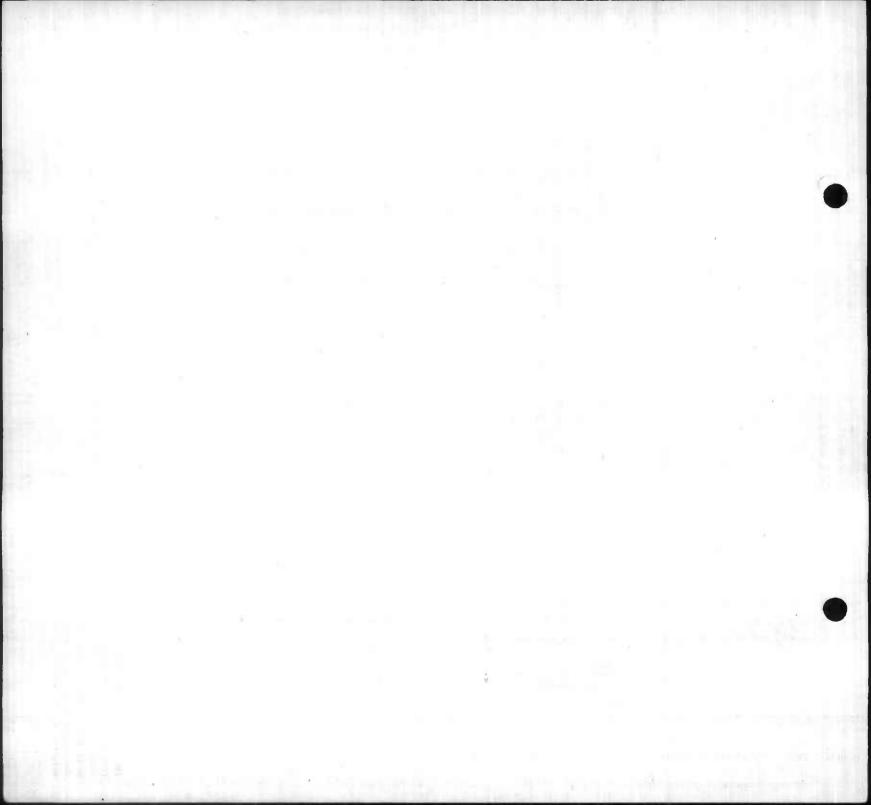


FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0F 400F	BALTIMORE CITY	HEALTH DEPARTM	ENT	05 1005
	ктн но. 65 1237	CERTIFICA	TE OF DEA	TH Registered No.	65 1237
1,1	E. CASE NO. NAME OF DECEASED (pe or Print)	Ro 1 1		ATE AND, HOUR OF DEATH	112,50
3.	PLACE OF DEATH IN BALTIMORE, MARTLAND	Deardon l'	4. USUAL RESIDENCE	EE (Where deceased lived. If in	stitution: rosidonce before of mission)
	FULL NAME OF (If not in hospital or institution oddress or location)	n, give streel	Maryland	(If outside city limits, write	2/-//
1	he Union Memorial	Hospital	BaHim	ore 12, M	d
		11.57	D. STREET ADDRESS	Weed Ford	Road
5.	Male White 7. MARRIN WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify) Agried	10/19/04	9. AGE (In years lost binhdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND ne during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	rathers NAME		14. MOTHER'S MAID	ore, Maryland	DSA
1-	tenni Beardon P	1c Ng// sr.	Justin.	e Jamet	
15. (Ye	Wos Decoused Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service Nation of	1 214-03-3/13	17. INFORMANT	e e	ADDRESS
	DISEASE OF CONDITION DIRECTLY	CAUSE OF	F DEATH Cara	live Arrest	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) M.	vocardia	1 In Earcti	OF 1/39/65 >2/1/6_
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas		J		
	injury or complication which caused death.) ANTECEDENT CAUSES	(B) Wrol	iony art	· veleron's te	rere
	DISEASES OR CONDITIONS, if any, givi	DUE TO	0.00.00	20.14	4. 10.
	rise to the above cause (A) stating to UNDERLYING CONDITION last.	he (C)	occur or	of copi will	
	II.	٤٧٠ د	acum /	ecen,	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, of etc.)	or obout 21 C. WHERE	DID (If in Boltimore	o City, give exoct locotion)
9	21D. TIME (Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	1/1000
8	(APPROV)	While At Not While Work At Work	•		,
	22. I certify that (this hospital) attended	the deceased from/	/3//	19 65 10 2	19.65
	that # (we) lost saw the deceased alive of	1 2/1	19 6 5	and that in (our) opi	nion deoth accurred on the date
	and hour and from the causes stated above.	. 87 (We) (did) (dtanot) v	lew the body ofter	death.	/
	23A. SIGNATURE	M.D. Atte	nding Med.	Stoff S	23B, DATE SIGNED
	23C, PHYSICIAN'S	Phy:	s. Directo	Phy s	2//0
	WILLIAM B. LONG	M.D.			
24	A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	ty, town, or county) (State)
	Burial 2-3-1965 Pr	ospect Hill Cem	etery	Towson, Maryla	
25	FEB 3 1965	& C. Talley M.A.	25C. FUNERAL D		ork Road
VS	150-REV. 1/1/65		I NOLLIZ G	unclai nome Re	timore, Md.

00 4000	BALTIMORE CITY	HEALTH DEPARTMENT	05 100-
ыкти но. 65 1238	CERTIFICA	TE OF DEATH X Registered	но. 65 1238
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print) JOHN JOSEPH ANZ	ENGRUBER	1-29-65	9 8.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived	tt institution; residence betare admission
		A. STATE B. COUNTY	n. Ot
FULL NAME OF (II not in hospital or institution, address or location)	•		white RURAL and give township)
INSTITUTION HOME FOR THE AGE	D	0 11	AND NORTH GIRL TOWNSHIP
O LITTLE SISTERS OF TH	E FOOR	D. STREET ADDRESS (If rural, give location	n)
1200 VALLEY STREET		14038 Blucher Ro	/
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
MALE WHITE WIDOWE	D, DIVORCED (specify)	JUNE 30, 1869 95	Months Days Hours Min,
DA. USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
dane during most of working lile, even it retired)		MARYLAND	WHAT COUNTRY?
CARPENTER		, , , , , , , , , , , , , , , , , , , ,	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
MATHIES ANZENGRU	IBER	MARY C. SCH	ALOT
5. Was Daceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give war or dotes of sarvica)	1 6. SOCIAL	17. INFORMANT	ADDRESS
VO	SECURITY NO.		TU-D 1200 VALLE
	212-01-2997	FI LITTLE SISTERS OF	
1B. 4 1	CAUSE O	r DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P	elmonory ede	
(This does not mean the mode of dying, e.g.,		- Ornor of con	mas
heart failure, asthenia, etc. It means the disease,		2001	100
injury or camplication which caused death.)	100	a. S. C. V. D.	
ANTECEDENT CAUSES	DUE TO		***************************************
DISEASES OR CONDITIONS, if any, giving		Old 201	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G		
TO THE DEATH BUT NOT RELATED TO TH			
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20 A. AUTOPSY? (Yas ar Na) 20B. IF YES, W	VERE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (o.n. in	n ar about 21 C. WHERE DtD (If in Bal	Himara City, give exact location)
OR CONTRIBUTING CAUSE OF hon CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CA	na, tarm. factory, street, of	ffice bldg., INJURY OCCUR?	with and and income
U TOTAL TOTA			
U OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	nile At Nat While	e	
22. I certify that (I) (this hospital) attended t			Law 20 106:
	11 0 0	1707	fau 20, 196;
that (I) (we) fast saw the deceased afive an		1965 and that in (my) (our) opinion death occurred on the do
and hour and from the couses stated above. (I) (We) (did) (did not) v	riew the body after death.	
23A. SIGNATURE	10		23B. DATE SIGNED
Tronley (Inx	ecal of M.D. Atte	s. Med. Staff Phys.	2,1,65
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Typo)	M.D.	1802 W. BALTIMORI	e St
DR. Stanley Ankudas		0.1017.7207.1	
REMOVAL (Specify)	AME of CEMETERY of CRE		(City, town, ar caunty) (State)
	ik Methodist	Church Cemetery Fork	Manuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FFB 3 1965 Robert	P Farley M.D.	John A. M O a 20	
VS 150-REV. 1/1/65		John A. Moran Inc 30	00 E. Baltimore
V 3 130-86 V: 1/ 1/ 03			54



shows:

Such

death.

prior

attend cause

	05 3000	BALTIMORE CITY	HEALTH D	EPARTMENT		CE 4000
	BIRTH NO. 65 1239 M.E. CASE NO.	CERTIFICA	TE OF	DEATH	Registered No	65 1239
	1. NAME OF DECEASED (Type or Print) JOHN BAKER				-65	11,32 P.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, grand oddress or location) INSTITUTION		c. city of	MARYLAND R TOWN (If out: LTIMORE,	side city limits, will R	Stitution: residence before odmission) Output URAL ond give township)
	JOHNS HOPKINS HOSPITAL.		D. STREET		Urol, give locotion) ADISON ST.	
is made	WIDOWED,	DIVORCED (specify)	B. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
disposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF 1 done during most of working life, even if retired) Retired 13. FATHERS NAME GEORGE BAKER	BUSINESS OR INDUSTRY	Ba1	timore Md	∧E	12. CITIZEN OF WHAT COUNTRY?
Tingia	(Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 215-01-7106	Mr. J		er 2305 E	Address Madison St. 5
dre embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	CALLSE O	E DEATH	must 1	lyourded,	INTERVAL RETWEEN
emains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1/00000	han	i Car	Lilis	~ 3 1 - 40

DISEASE OR CONDITION CAUSING IT. CERTIFICA 20 A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF foctory, street, office bldg., INJURY OCCUR? home,

DEATH (notify medical examiner) OF INJURY (Month) (Doy) (Yeor) (Hous) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

While At Not While (APPROX.) At Work Work

22. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) lost saw the deceased alive and that in (my) (our) opinion death occurred on the date pm

and hour and from the causes stated above. (1) (Me) (did) (did not) yiew the body after death.

AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			200					
23A. SIGNATURE	1	- 1					23B. DATE	SIGNE
Herry	1	olloch	M.D.	Attending	Med.	Stoff C	2	/2/

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) CEMETERY OF CREMATORY (City, 24D. LOCATION town, or county)

Burial Feb. 5/65

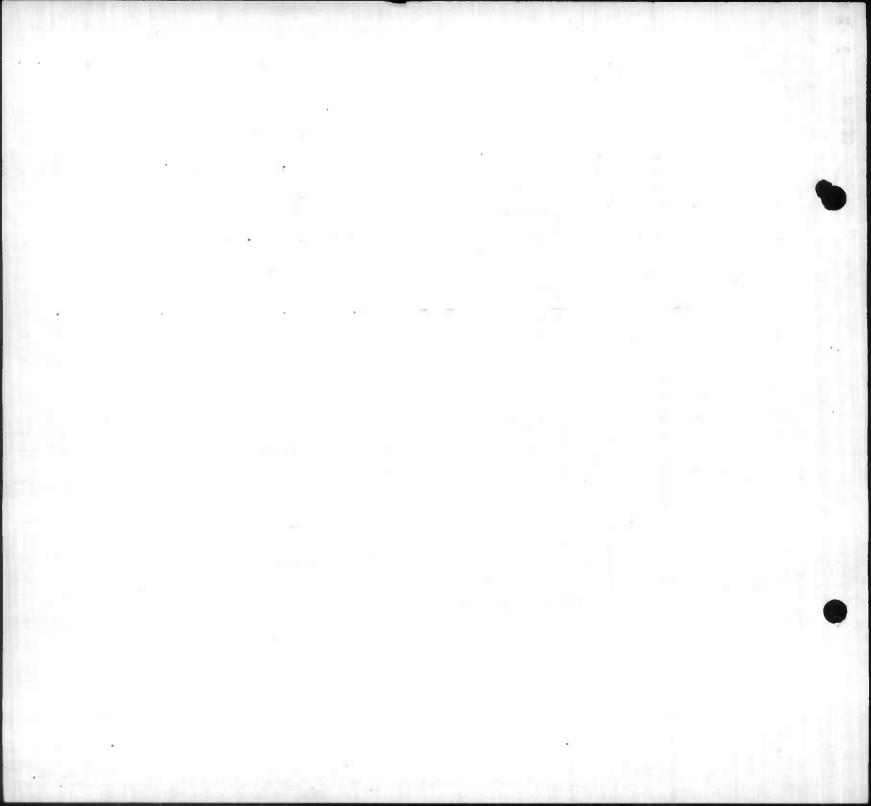
Holy Redeemer Cem Baltimore

25B. NAME OF REGISTRAR DIRECT9 ADDRESS 25CLFUNERAL 2024

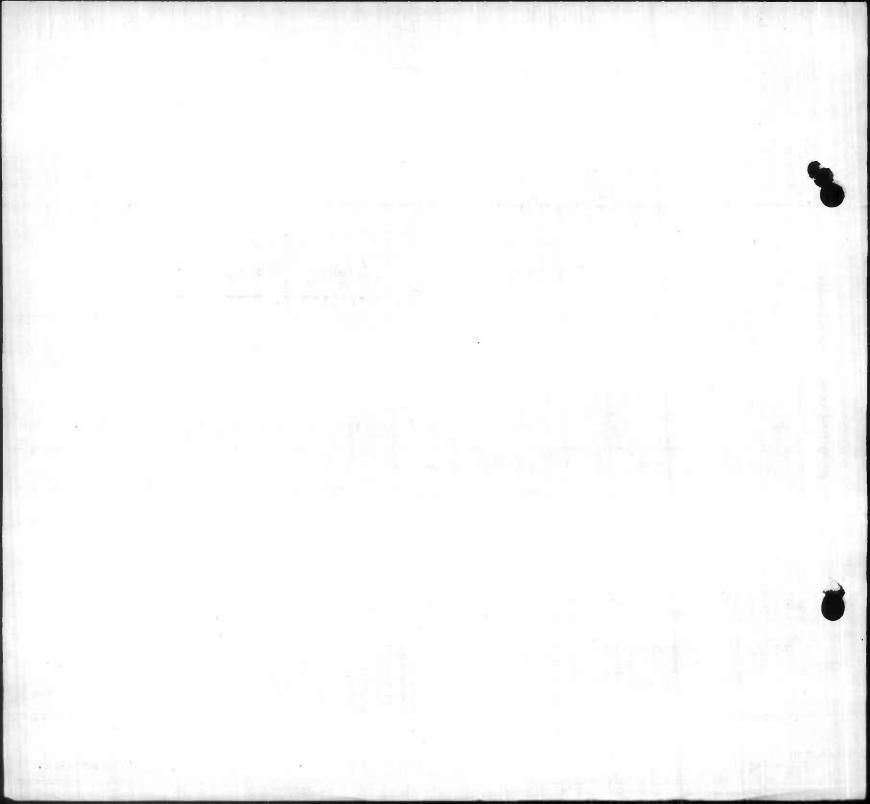
VS 150-REV. 1/1/65

MEDIC

Orleans St. 31

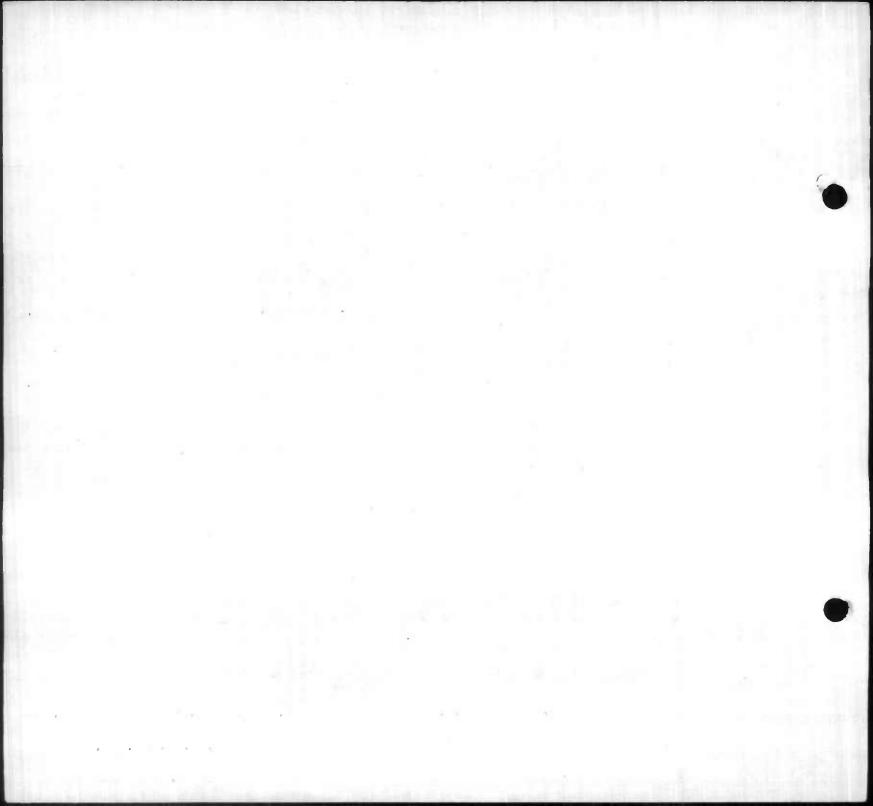


		BALTIMORE CITY HE	ALTH DEPARTMENT		
	H NO. 65 1240	CERTIFICATE	OF DEATH	Registered Na	65 1240
1. N (Typ	e or Print DONALDSON	BERTHA	1-31	-65 725	PM 725 P.
F	ULL NAME OF (If not in hospital or institution, give oddress or location) USPITAL OR (If not in hospital or institution, give oddress or location)	street A.	Ba 14/100 - 11	TY	URAL ond give township)
7	Bon Secours Hos	pital 0.		urol, give locotion)	vave
5. S		IVORCED (speciful		ost birthdoyl	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BU during most of working life, even if refired) Housewife	n	narylan	d	12. CITIZEN OF WHAT COUNTRY?
15.4	no or unknown! (II yes, give wor or dotes of service)	SOCIAL 17.	MOTHERS/MAIDEN NAM MAYY INFORMANT William P. W	etzer	ADDRESS
	NO 18. 14. 0	CAUSE OF D			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Ventric	ular fibrillation	3 M	10 Minual
	heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	(B) Congestiv	ie heart fâilur	e	2 YEARS
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stotling the UNDERLYING CONDITION lost.	101 Arteno	scleratic HEAR	t Disease	Years
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI		20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	JSES OF DEATH?
CAL	21A. A CCIDENT WAS UNDERLYING DEATH (notify medical examined)	ACE OF INJURY (e.g., in or form, foctory, street, office	bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN. OF INJURY (APPROX.) While / Work	At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that M (this hospital) attended the c	JAN 31	19.65 and the	9 <u>65</u> ta it in (my) (aur) aplr	JAN: 31 19 65 nian death accurred an the da
	and haur and fram the causes stated above. (H) (Y 23A. SIGNATURE CMOMOM 23C. PHYSICIAN'S NAME (Type)	M.D. Attendin	Med, Director	Stoff Phys.	23B. DATE SIGNED FOB 1, 1865
	PAME (Type) SESUS L. LICUA	VAN M.D.	BUN SE	ECOURS	HOSPITAL
24A	BEAACON AL (C	Redeemer	Bal	timore, Ma	y, town, or countyl (Stotel aryland
24A 25A	FEB 3 1965 PLOGE	EGISTRAR SOLDEN M.A.	Fred A. Col	e 1913 W.	Baltimore St.

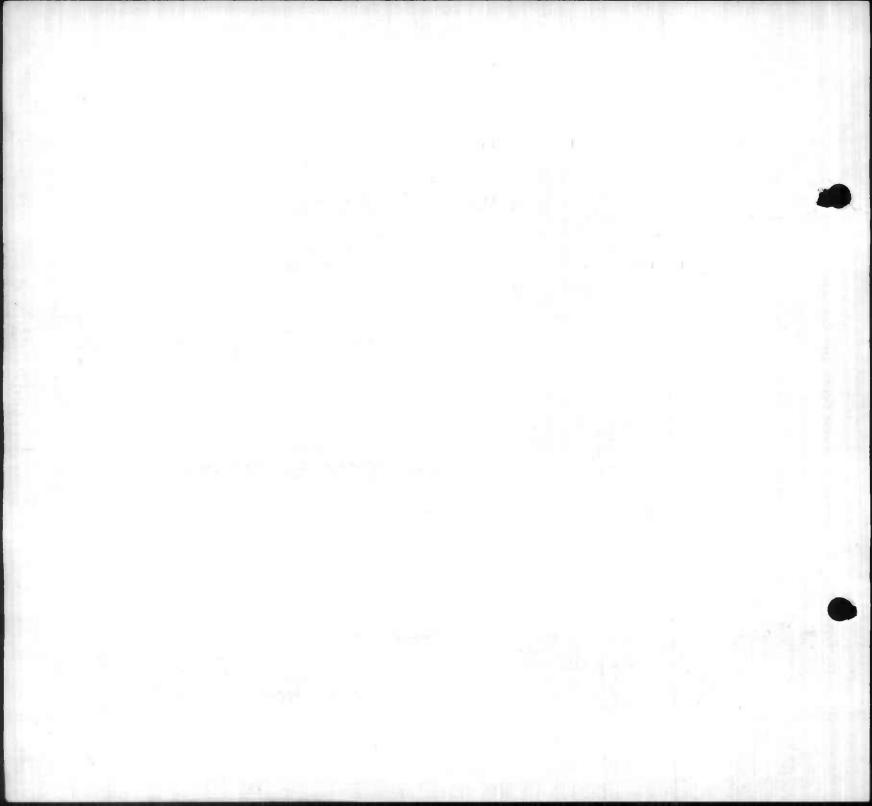


- a		6		-		
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		02	10
	H NO. 65 1241	CERTIFICA	TE OF DEATH	Registered No	65	1241
1.1	AME OF DECEASED oe or Print! M. 1/2	2	2. DATE ANI	D HOUR OF DEATH		,
	PLACE OF DEATH IN BALTIMORE, MARYLAND	LEYEPS.	4. USUAL RESIDENCE (Whore	2, 196.5.	titution: residence	136 P. M. before odmission)
			A. STATE B. COUNT	TY /	24-	04
	FULL NAME OF (If not in hospitol or institution) NSTITUTION	ion, give street	C. CITY OR TOWN SIF outs	and . side city limits, write RU	JRAL and give to	ownship)
3			D. STREET ADDRESS (If or	mon E		
3	Bouth Baltimore GE	neral Hosp.	232 F. 1	Barney	st.	
5, 5		WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
102	USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF	1
don	e during most of working life, even if retired)		M	1 1	WHAT COL	
13.	Die Setter	Metal	14. MOTHER'S MAIDEN NAM	land.	US	A
	06 1 - M	m1) 4	0 1	64 -	V	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of Servi	1 6. SOCIAL	17. INFORMANT	0 2/1/6	Ker	:\$\$
(Ye		ce) SECURITY NO.	Mag Tourism D	20.3	(2 1 1	
_	NO III.	CAUSE O	Mrs. Louise B.	Calvert 52		AL BETWEEN
	DISEASE OR CONDITION DIRECTLY	^	1 116 . (3,0		AND DEATH
	LEADING TO DEATH	(A) Lère	oral Vascular	celescen U	Pringle	-
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise					
	injury or complication which caused death,)	IN HENDY	estarque livere	roclarki Vas	Enlas Dry	end.
	DISEASES OR CONDITIONS, if any, given	DUE TO				X
	rise to the obove cause (A) stating		·			pp no na no
	UNDERLYING CONDITION lost.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE				
ERTIFIC/		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES, WERE FI	NDINGS CONSI	DERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct	locotion)
03	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	(APPROX)	While At Not While Work At Work				
	22. I certify that (this hospital) attend	ed the deceased from	12-22	9 6 4 10	7 -/	19 65
	that 🗯 (we) last sow the deceased alive	on2-1	19 6 5 ond the	nt in (our) opin	ion death accu	rred on the dote
	and hour and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body ofter death.			
	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff	23B. DATE SIGN	95
,	23 C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	04-04-	60
	NAME (Ne)	M.D.	0 11 2 21			
24/	SIGMUND A. AMI	C. NAME OF CEMETERY OF CRE	South Balto. Ge	n. Hosp	1213 Ligh	t. St. (Stote)
	Burial 2 5 65	Cedar Hill	Pno	olel and A	0 162	
254		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	oklyn, A. A.	ADI	DRESS
	FEB 3 1965 R.C.	& E. Jaken M.A	Mc Cully		Fort Ave	
VS	150-REV. 1/1/65				TOTAL STATE	



	BALTIMORE CITY	HEALTH DEPARTMENT		0~
BIRTH NO. 65 1243 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 1243
1. NAME OF DECEASED CHARLES OW	ENS	2. DATE AN	65	11:35 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When		titution: residence before admissi
FULL NAME OF (If not in hospital ar insti HOSPITAL OR oddress or location) INSTITUTION	itution, give street	MARYLAND C. CITY OR TOWN (If our BALT I MORE		URAL ond give township)
THE JOHNS HOPKINS HO	SPIRAL		rural, give location)	
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. If Under 24 H Manths: Doys Haurs Min.
54 54 54	RRIED	10-31-14	50	Wallins Doys Hours Will.
tOA. USUAL OCCUPATION (Give kind of work 10 B, KI done during most of working life, even it retired)		11. BIRTHPLACE (State or farei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME WILLIAM GWEUS		14. MOTHERS MAIDEN NAM	ME	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of se	SECURITY NO.	Bott D.	0 0	1000
118. / 5 3 3 1	CAUSE O	F DEATH	ais	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	,		1	ONSET AND DEATH
LEADING TO DEATH	(A)	Carrenon	na of	7 mos E
(This does not mean the mode of dying heart failure, asthenia, etc. It means the di	, e.g., DUE TO	SICM	or I challe	a consult of
injury at camplication which caused death.		2.8	- Ca Great	alre ba
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,				
uise to the above cause (A) slatin	g lhe (C)		***************************************	
ONDERETING CONDITION 1851.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.	BUTING HE	ATIC MET	ASTASE	25
198. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, a etc.)	n or obout 2TC. WHERE DID ffice bldg., INJURY OCCUR?	(If in Battimare	City, give exact location)
210. TIME (Manth) (Day) (Yeor) (Hou OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (this haspital) atte	nded the deceased from	12-8	106410 2	1.65 1963
that (we) lost saw the deceased aliv	7.1	10 6 5 and th	ottintry) (our) onin	ion death accurred on the d
			(001) 0011	on deem decomed on the d
ond hour and from the causes stated ab	ove. (1) (me) (did) (new the body offer deoth.		23B. DATE SIGNED
A lande to	M.D. Att	ending Med.	Stoff	2.2.65
22C PHYSICIAMS	Phy	23D. ADDRESS	Phys.	
A. DOUGLAS LO	seve m.d.	JOHNS HOP	knos Ho	SPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2-4-1965	24C. NAME OF CEMETERY OF CR	EMATORY 240, L	Burn Blin	y, tawn, or county) (Stole
25A. DATE REC'D BY HEALTH DEPT. 25B. N	NAME OF REGISTRAR DELMA	25C. FUNERAL DIRECTOR	1. A.	ADDRESS



the chief medical examiner

hospital

0

occurred

death

direct

Also,

examiner.

medical

0

6

approved by

the body was released to the hospital

must be

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH (4) Undetermined cause; (5) Deceased was in remile. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 1-31-65 William Hurd death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (Il not in hospital or instilution, give street HOSPITAL OR oddiess or locotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION 0 Provident Hospital D. STREET ADDRESS prior (If rural, give location) 1514 Division Street 1326 Edmondson Avenue Baltimore Maryland regular is mad 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) 5. SEX B. DATE OF BIRTH 9. AGE (In years deceased lost birthdoy) Male Negro 2-8-24 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) = Maryland MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leah Johnson Daniel Hurd death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT kind 6. SOCIAL or final (Yes, no or unknown) (If yes, give war or dotes of service) attendance any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) Paralytic Ileus fracture (This does not meon the mode of dying, e.g., hearl foilure, astherio, etc. It means the disease, regular injury or complication which caused death.) Acute hemorrhagic pancreatitis ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving Chronic alcoholism 3 to the obove couse (A) stoling the physician before the remains UNDERLYING CONDITION IOSI. Was burns; Marked fatty metamorphorsis of liver CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Marked hemorrhage and edema of both lungs physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes. 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained (Month) (Doy) (Yeor) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except OF INJURY While At Not While I (APPROX) Work At Work ; and any 22. I certify that (I) (this hospital) attended the deceased from 99 that (I) (we) last saw the deceased alive an... .19 and that in(my) (aur) apinian death accurred an the date of death) hospital and haur and fram the caused stated abave. (1) (We) (did) (did nat) view the bady after death. accident 23A. SIGNATURE Attending Phys. Med. Stoff 0 Director approval 0 23C. PHYSICIAN'S prior 23 D. ADDRESS at NAME (Type) shows: (1) An M.D Division Street Seunarine Hollis Seunar. D.O.A. eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT! Mas 25Co FUNERAL DIRECTOR 10 VS 150-REV. 1/1/65

Il Under 24 Hrs.

Hours

Months! Doys

12. CITIZEN OF

USA

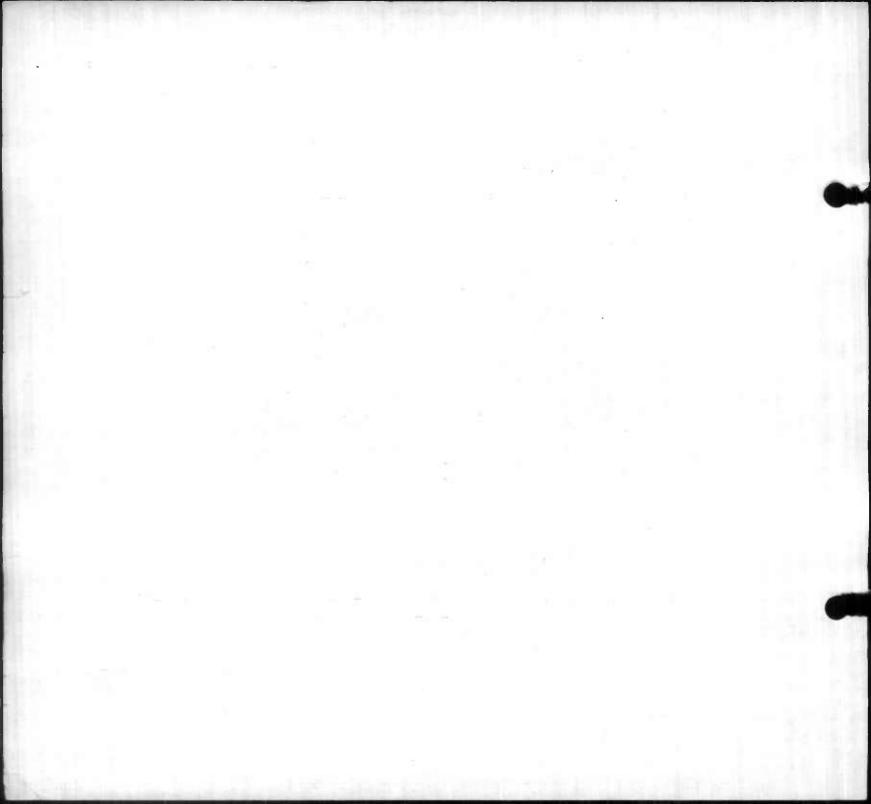
23B. DATE SIGNED

2-1-65

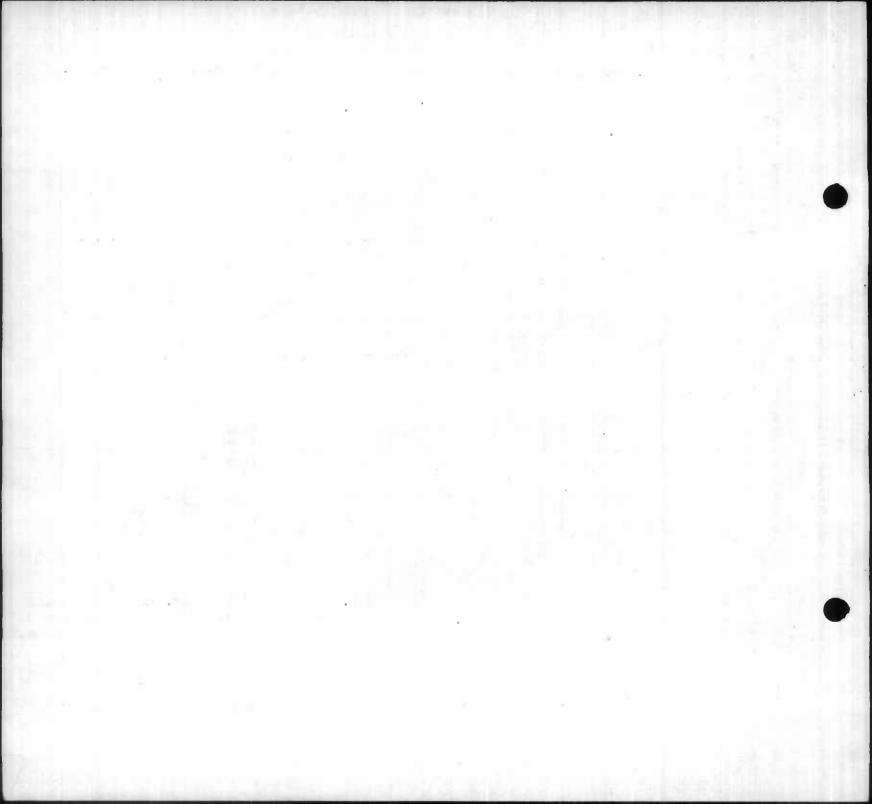
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



(2)		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO 65	1245	CERTIFICA	TE OF DEATH	Registered Na	65 1245
I, NAME OF DECEASED			2. DATE A	AND HOUR OF DEATH	
Type or Print) MUSOTT	O . ROSALIA		Janu	ary 31,1965	9:30 P. M.
. PLACE OF DEATH IN BA	LTIMORE, MARYLAND			nere deceased lived. If	institution: residence before odmission)
Fill MAAIF OF AL	-	dia and a second		7	804
HOSPITAL OR odd	ot in hospital or institu ress or location)	otion, give street	c. CITY OR TOWN (If a	outside city limits, write	RURAL and give township)
INSTITUTION	Joseph Hospi	tal	Baltimore		/
5000	obopii mobpi			If rurol, give location)	
			5021 Briarcli	ft Road	
SEX 6. RACE	7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female Whi	WID	owed, DIVORCED (specify) Widowed	2/27/93	lost birthdoy	Months Doys Hours Min.
		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life,	6	-u, Homo	Italy		U.S.A.
3. FATHER'S NAME	- Lu	1	14. MOTHER'S MAIDEN N.	AME	U.S.A.
0.11	7.		-7/2	70-11	1-1
Joseph K	viocal	114 100/11	17. INFORMANT	Leru	ADDRESS ADDRESS
5. Was Deceased Ever in U. es no or unknown) (If yes, gi	ve wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	INFORMANT	A	Di ni Ti
ALEXANDER WAS			Vincent Dr	ocalo 50	OK Drearclest
18. 293V	1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CO	NDITION DIRECTLY				ONSET AND DEATH
	TO DEATH	(A) Sev	ere anemia, eti	ology unknow	m.
(This does not meon heart failure, asthenia.		e.g., DUE TO			
injury or complication					
ANTECED	ENT CAUSES	(B)DUE TO			*** **********************************
DISEASES OR COND	OITIONS, if ony,				
rise to the obove		the (C)			**************************************
UNDERLYING CONDIT	IION Iosi.				
7	11	117116			
OTHER SIGNIFICANT C TO THE DEATH BL DISEASE OR CONDITIO	IT NOT RELATED T	O THE			
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U	xominei)	etc.)			
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and have and from the	couses stated oba	ve. (I) (We) (did) (dld not)	view the body ofter death	1.	
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23C. PHYSICIAN'S	1 Junes		23D. ADDRESS		
NAME (Type)	iam B. Vande	Grift. M.D	11,00 N Car	roline St.	Baltimore, Md. 2121
and the second s		4C. NAME OF CEMETERY OF C			City, town, or county) (Stote)
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SA. DATE REC'D BY HEAL		AME OF REGISTRAR DEN MILL	25C. RUNERAL DIRECT	OR 10 11	SADDRESS Que
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/S 150-REV. 1/1/65			1	1	



258, NAME OF REGISTRAR

WILLIAM HENRY GREEN

(If not in hospital or institution, give street

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

FULL NAME DE

HOSPITAL DR

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

oddress or location)

(Type or Print)

of death

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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

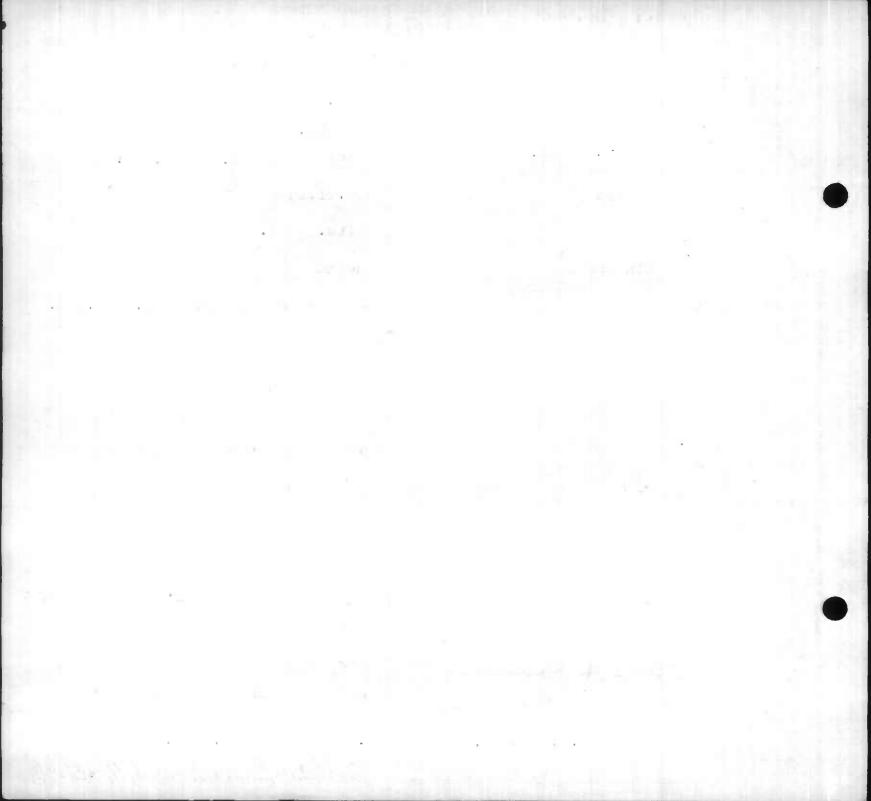
CERTIFICATE OF DEATH

Md.

25C. FUNERAL DIRECTOR

Registered No. 2. DATE AND HOUR OF DEATH 1,1965 FEB. 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission)
A. STATE B. CDUNTY (If autside city limits, write RURAL and give township) Apt. 3E. If Under 1 Yr. Manths Doys If Under 24 Hrs. Hours ! 12. CITIZEN OF WHAT COUNTRY? ADDRESS Aption 3E, ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Baltimare City, give exact lacotion) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED

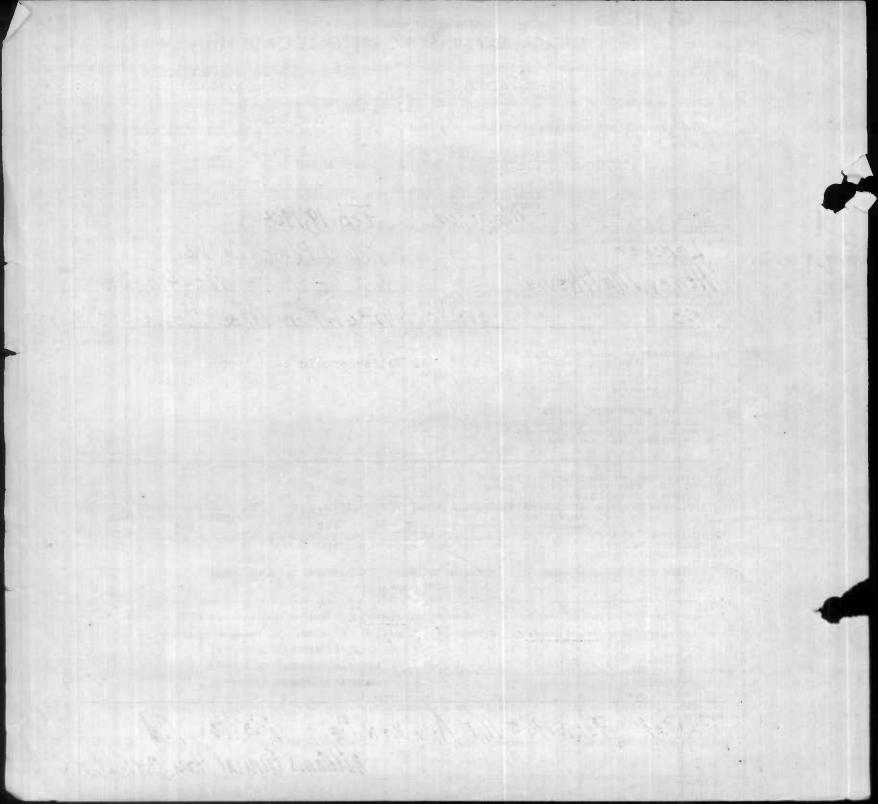
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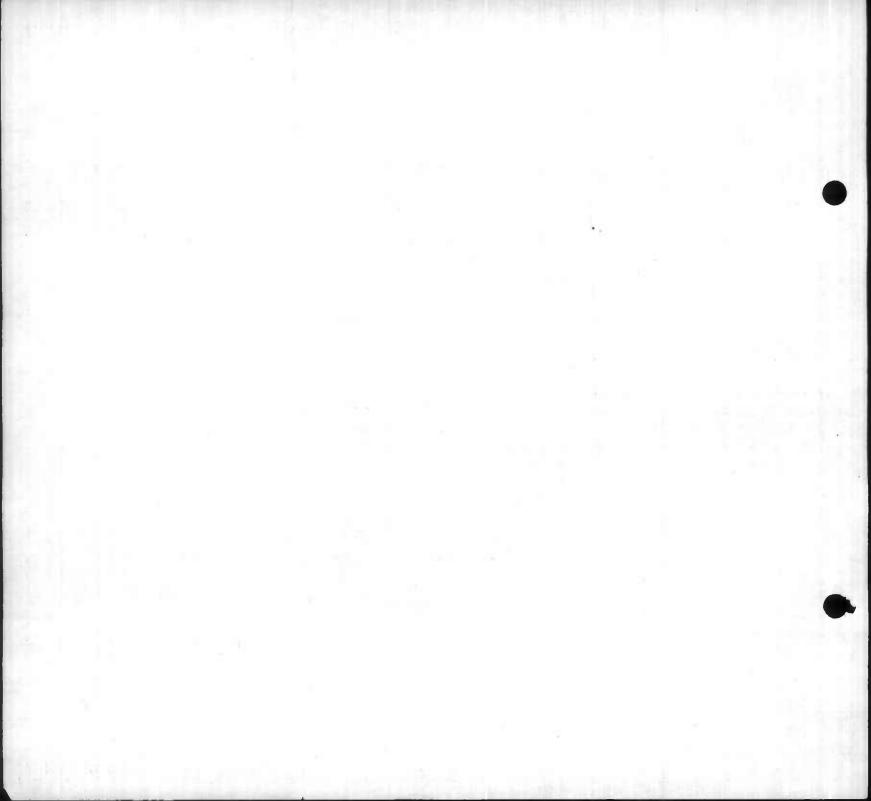
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HOSPITAL OR address a	haspital or institut r lacation)	ion, give sneer	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
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University H	0501 tal		D. STREET ADDRESS (If	rurol, give lacation)	
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O. RACE	WIDO	WED, DIVORCED (specily)	2-911 1/0/7 A	9. AGE (In years	Months Doys Hours M
/- N		rid	37-1879	65	
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FOUSCUTE 3. FATHERS NAME			14. MOTHER'S MAIDEN NAM	AF	40//
01.1			MA A		
Kokert Law			Many Brow.	h	
es, no or unknown) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	AS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
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OR CONTRIBUTING CAUSE DEATH (natify medical examine	OF _	hame, larm, factory, street, al			
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and haur and from the caus	ses stated abav	e. M. (We) (did) (dtd_pat) v			
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	3/19/15	M.D.	Converty &	fogital	y, 16 wa, or county) (Sto
Bulkal 2/	3/19/15	M.D. C. NAME OF CEMETERY OF CRIT	Cominents & Comments &	fogital	4.



BIRTH NO.	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	MARION MATTHEWS	January 30, 1965 11:25 P
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS INSTITUTION LUTHE!	AND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION) RAN HOSPITAL	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 538 N. Pulaski Street
5. SEX Male Negro 10A. USUAL OCCUPATION (Give k done during may of working life, even 13, FASHER'S NAME 15. WAS DECEASED EVER IN U.S (Yes, no or upkrown) (If yes, give w	ind of work 108. KIND OF BUSINESS OR INDUSTRI if retired) ARMED FORCES? 16, SO CIAL	RY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT 18. AGE (In yeors lost birthdey) 19. AGE (In yeors lost birthdey) 10. CITIZEN OF WHAT COUNTRY? 11. INFORMANT 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT 18. AGE (In yeors lost birthdey) 19. AGE (In yeors lost birthdey) 12. CITIZEN OF WHAT COUNTRY? 11. INFORMANT 12. CITIZEN OF WHAT COUNTRY?
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23A. BURIAL CREMATION, 23B. REMOVAL (Specify)	DATE 23C. NAME OF CEMETERY 15.5/965 24B. NAME OF REGISTRAR 1965 1965 1965 1965	



RETH NO. 60 CERTIFICATE OF DEATH Registered No. 65 1.440 C. DATE AND HOUR T. MANK CASE NO. D. TARGET OF DEATH Registered No. 65 1.440 M. C. ASE NO. D. TARGET OF DEATH Registered No. 65 1.440 M. C. ASE NO. D. TARGET OF DEATH M. C. ASE NO. D. TARGET OF DEATH M. C. ASE NO. D. TARGET OF DEATH M. C. ASE NO. D. TARGET ADDRESS D. TARGET AD		1010	BALTIMORE CIT	HEALTH DEPARTMENT		
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The part of the pa		NAME OF DECEASED		2. DATE AND HO	DUR Cod	200 200
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FULL NAME OF MISTUTION MOSPITAL OF THE MOSPIT	3.		-5	4. USUAL RESIDENCE (Whore do	eosed lived. If institution	on: residence before admission)
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INSTITUTION HOS DITAL FOY WOMEN OF MANAGED NIVER MAKED WOMEN OF M		FULL NAME OF (If not in hospital or institu	tion, give street	BALTIMORE.	MAYVLA	ND
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NAME (Type) ANGELITA DIPACIO M.D. Women Hospiril, Butto 17, has 24A. BUTTAL CREMATION, 24B. DATE, 24C. MAME OF CEMETRY OF CREMATORY 24D. LORSTION (City, town, or county) (Stole) AND CHARACTER SPECIAL STORY (STOLE) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR [25C. PIDFERAY DIRECTOR] ADDRESS (17)		23C. PHYSICIAN'S				7 / 63
24A. BUTIAL CREMATION, 24B. DATE 24C. NAME OF CEMETRY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole) LINE 24A. BUTIAL CREMATION, 24B. DATE 24C. NAME OF CEMETRY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FORERAY PIRECTOR (ADDRESS)		NAME (Type)		11 .	11 BENTE	17 4.0
SUNIAL 2/4/65 OU Jaim Stello MA JADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTERAR 25C. POPERAY DIRECTOR		HIVE CLIA TOPP		11/2	you 1	11/1
DUNIA 7/4/65 CHL TOWN DULL MA DULL MA JADDRESS / LAND STREET STREET STREET OF THE ADDRESS /	244	MOVAL (Specify) 248. DATE	C. NAME of CEMETERY OF CRI	MATORY 24D. LOEST	ON (City, tow	n, or county) (Stole)
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	25A	. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FONER AND BURECTOR	no free	ADDRESS
My Milliam (OO) May			Br & Star Courted	/// Hanison	1 / 2/7	X+001/12/
VS 150-9EV 1/1/65		1000	W 1 400000	Ju suemun	7 600	July of



FUNERAL DIRECTOR: IMPORTANT

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CERTIFICATE OF DEATH Registered No. Deceased Such of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo Baby boy of Carzinia Nickins January 27, 1965 8:30 am

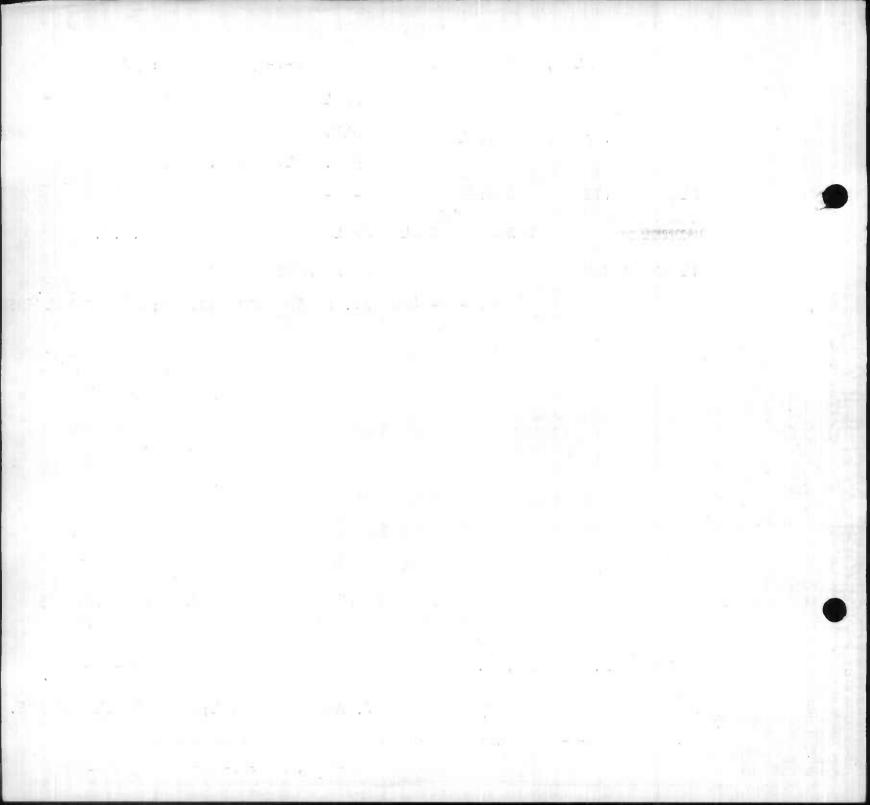
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 19651 8:30 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (3) Maryland cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; attend 10 Baltimore Provident Hospital prior D. STREET ADDRESS (If rurol, give location) contributing .514 Division Street 1200 Kevin Road (4) Undetermined in regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased is ma WIDOWED, DIVORCED (specify) Hours Male Negro Single 1-25-65

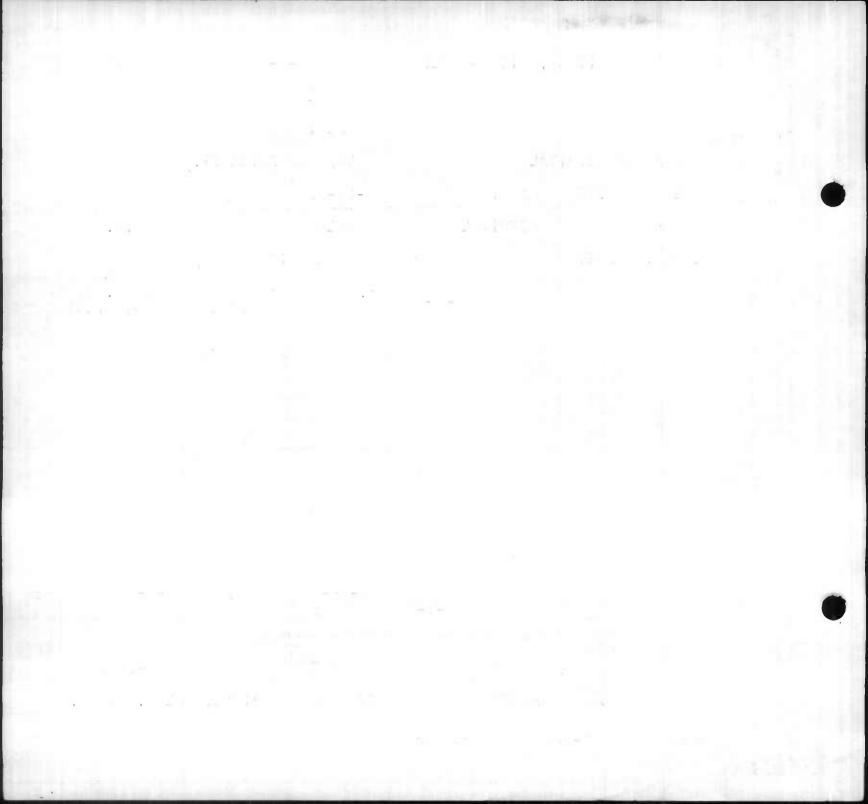
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 1-25-65 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) None None Maryland USA Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Carzinia Nickins Stanton Nickins death HO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 16. SOCIAL or final SECURITY NO. attendance Carzinia Nickins - mother same any CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Immaturity (This does not mean the mode of dying, e.g., ar heart foilure, asthenia, etc. It means the disease, xaminer. injuly of complication which caused death.) regul ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the physician the remains UNDERLYING CONDITION lost. medical physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the ō WAS PERFORMED before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, steet, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital ON (9) DEATH (notily medical examiner) any nature; MEDIO obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY (except While At r (APPROX.) ; and Work 22. I certify that (1) (this hospital) attended the deceased from 1-27-65 that (1) (we) lost saw the deceased alive on... 19 ond that in(my) (aur) opinion death accurred an the date of death) hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must was released An accident 23A. SIGNATURE 23B. DATE SIGNED will C. K. Q. M.D. Attending Phys. Med. 1-27-65 0 written approval Director ___ 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) M.O. 1514 Dinicion Street 1984. NAME A CIMETER ON ENEMATORY C. Rose Lionel was D.O.A. 24A. BURIAL CREMATION, deceased the body REMOVAL (Specify) shows: 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



1. N	CASE NO. AME OF DEC		ROY BENJAMIN	2. DATE AND HOUR OF DE	10:15P M
FU	LACE OF DE. ULL NAME COSPITAL OR NSTITUTION	OF (If not in hospital oddress or location	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, BALTIMORE D. STREET ADDRESS (If rural, give tocation of the county of th	d. If institution: residence before odmission)
5, \$1	EX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9-20-09 9. AGE (In yeors last birthdoy) 55	
IOA. done	USUAL OCC	UPATION (Give kind of work warking life, even if retired) NANCE		TRY 11. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. V	Vas Deceased	T FRALEY Ever in U. S. Armed Far Off yes, give wor or dote	ces? 16. SOCIAL SECURITY NO. 214-07-649	ANNA HAYES 17. INFORMANT D ST. AGNES HOSP RECO	ADDRESS AVE.
	(This daes	LEADING TO DEATH	dving e.g. (A) M°	HOCARDIAL INFARCTION	X of OAD + FRESH
z	DISEASES of the second of the	asthenio, etc. It means inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION lost.	the disease, deoth.) any, giving stating lie (C)	mmortagic Gastitis & Bla UE OMONITIS 2° 6 A)	EFDING RESOLVER,
ATION	heart failure, injury ar continued are conti	asthenio, etc. It means nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if e abave cause (A) G CONDITION lost. Il IFICANT CONDITIONS COME TO THE ARCONDITION CAUSING I CONDITION CAUSING I	the disease, deoth.) ALSO (B) HEF (DUE TO OUT TO THE TO T	MMORHAGIC GASTITIS & BLE UE OMOWITIS 2° 6 A) 20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING	EFDING RESOLVER,
AL CERTIFICATION	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIB	asthenio, etc. It means inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION tost. IFICANT CONDITIONS CONCEATH BUT NOT RELA CONDITION CAUSING IF OPERATION 198. CON	the disease, deoth.) ALSO (B) ALE (C)	MMORHAGIC GASTITIS & BLA WE UMO WITIS 2° 6 A) 20A. AUTOPSY? (Yes or No) 20B. IF YES, V	PYECONEPHEITIS
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notify 121D. TME OF INJURY (APPROX.) 22. I certify that (I) (we and hour an 23A. SIGNATI	asthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION lost. IIIIII CANT CONDITIONS COMEATH BUT NOT RELACEDENT NOT RELACED TO THE CONDITION CAUSING IT OPERATION 198. CON WAS PER CONDITION CAUSE OF COURSE O	the disease, deoth.) ALSO (B)	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING OFFICE BID (If in 80) office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Ville ork JANUARY 20 19 65 ta J 1 19 65 and that in(my) (automorphism)	PECONEPHRITIS WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Soltimore City, give exact location?
MEDICAL CERTIFICATION	DISEASES (1) THE REMOVAL CREEMOVAL (1) (1) THE LESSES (1) THE LESS	asthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION lost. IIIIICANT CONDITIONS CAUSING I EATH BUT NOT RELATED TO CAUSING I CONDITION CAUSING I CONDITION CAUSING I CONDITION CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital last saw the deceased from the causes statistics of the cause of the causes statistics of the cause of th	the disease, deoth.) ALSO HELD AND HELD TO THE T. CONTRIBUTING STEED TO THE T. CONTRIBUTION STEED TO THE T. CONTRIBUTING STEED TO THE T. CONTRIBUTING S	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING OF DID CERTIFYING OR DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While Did Director Director Phys. Attending Director Phys. Attending Director	PYECONEPHRITIS WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Sillimore City, give exact location) IX FEBRUARY 1 19 65 P) opinion death accurred an the data





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certificate

CERTIFIC

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Registered Na.

M.E. CASE NO. I, NAME OF DECEASED (Type or Print)

HOSPITAL OR

INSTITUTION

Eugene Paolini

2. DATE AND HOUR OF DEATH January 30, 1965

11:10 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF

6. RACE

(Il not in hospital or institution, give street oddress or location

Baltimore City Hosptials 4940 Eastern Avenue Baltimore, Maryland 21224

Baltimore D. STREET ADDRESS

Maryland

C. CITY OR TOWN

(If rurol, give location) 21214 2909 Berwick Avenue

(If outside city limits, write RURAL

5. SEX Male

7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' B. DATE OF BIRTH May 1908 XXXXXXXXXXX 9. AGE (In years lost birthdoy! XXX 56

II Under 1 Yr. If Under 24 Hrs. Months Doys Hours

done during most of working life, even if retired) Barber

Unemployed

MANAGEMENT NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME

Carmen Paolini

Seloma DelBene

Brighton,

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service)

White

6. SOCIAL SECURITY NO.

17. INFORMANT Mass Mrs. Katherine Paolini-2424 Shannon St. RECORDS: BCH: 4940 Eastern Avenue #21224

18. 79.0	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Pulmonary Embolus	
(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury ar complication which caused death.)	Cirrhosis of Liver	
ANTECEDENT CAUSES	OUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tast.	(C) Carcinoma of Penis	******
11	Imper Gastrointestinal Tract Bleeding	

	11			
200	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	CONT	RIBU	TING

2 to Duodenal

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION

DEPT.

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

			UNDERLYING CAUSE OF	
DEATH	Inotify	medicol	exominer)	

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? etc.

(Il in Baltimore City, give exoct location)

U	DEATH (notify	medicol	exominer)		
AEDI	21 D. TIME OF INJURY (APPROX.)	(Month)	(Doy)	(Yeor)	(Hour)
<	(APPROX.)				

21E. INJURY OCCURRED Not While While At

21 F. HOW DID INJURY OCCUR?

22			1	43 4.44	hoenited!	
(A	PPE	ROX.)				
-		JOKI				

that (1) (we) lost saw the deceased alive

Work At Work d the deceased fram

30 64 to January December

65 and that in (my) (aur) apinion death occurred on the date

and hour a	nd from the	causes stated	abave. (1)) (We) (did)	(did nat) vie	w the bad	after deat	h

258. NAME OF REGISTRAR

23A. SIGNATURE Attending

Med. Stoff Phys. X Director

January 30, 1965

23 B. DATE SIGNED

23 C. PHYSICIAN'S NAME (Type)

James R. Leonard

24C. NAME OF CEMETERY OF CREMATORY

23D. ADDRESS

4940 Eastern Avenue Baltimore, Maryland 24D, LOCATION (City, town, or county)

(Stote)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/3/65 Burial

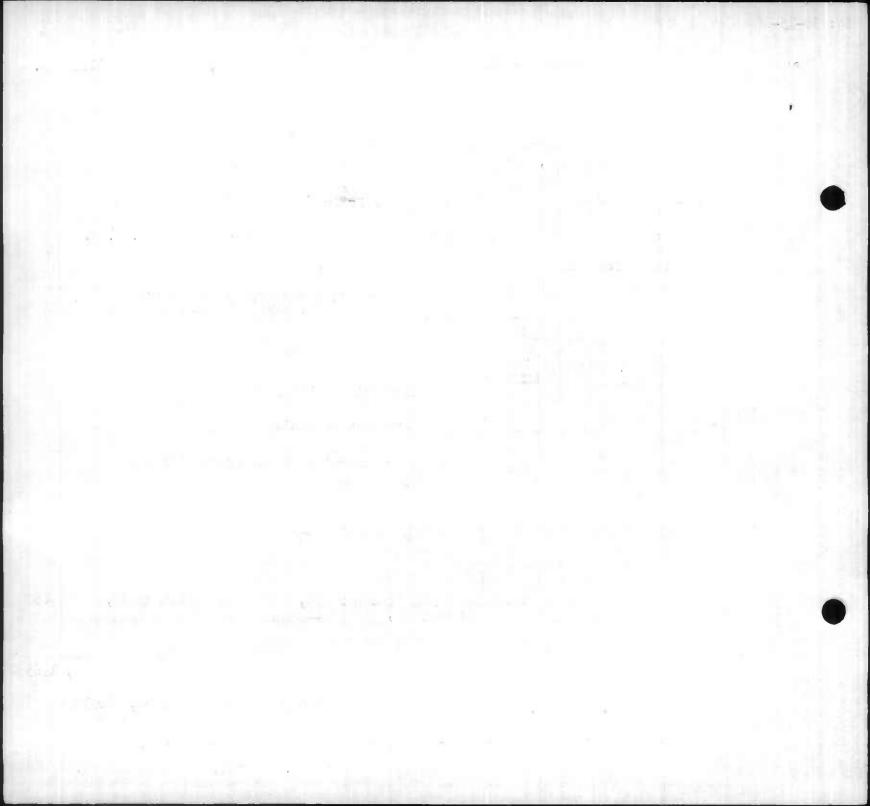
St Michaels Cemetery

Boston, Mass.

25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave.

Undetermined couse; deoth Was the direct 4 IMPORTANT eath LO attendance any pronounced or his Also, of fracture the chief medical examiner regular DIRECTOR: who 3 physician Was medical FUNERAL physician the 0 (2) where to the hospitol °Z noture; 9 approved (except and dny of eath) hospital the body was released accident must 0 10

VS 150-REV. 1/1/65



13 1	MBTH NO 65 1254		HEALTH DEPARTMENT	VRegistered Na.	65 1254
sed the the	M.E. CASE NO.		TE OF DEATH	NO HOUR OF DEATH	
700	Type or Print) CHARLES KILP	ATRICK, Sr.	(-:	30/6) 27
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA	ere docogsed lived. If	institution; residence before o
(5) D ance deat	FULL NAME OF (If not in hospital or institution,	give street	MARYLAND,	BALTIMOR	E
	HOSPITAL OR oddross or location) INSTITUTION		BALTIMORE	utside city limits, write	RURAL ond give township)
3 0	3 JOHNS HOPKINS HOSPIT	AI		rurol, give location)	26104
			7319 BETZ		
anim gul gel sed	MALE MALE WHITE WIDOWE	NEVER MARRIED DIVORCED (specify) RRIED	5-7-08	9. AGE (In years lost birthdoy)	Months Doys Hours
0 0 - 0 -	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
- p - p 0	Laborer		Pennsylvani	а	U.S.A.
was the sposit	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
w.	JAMES KILPATRICK		ANNIE BRADSH	AW	
e on	5. Was Deceased Ever in U. S. Armed Forcas? Yas, no or unknown) (If yes, give war or doles of sarvica)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final	No	213-07-5448	Mrs.Wilhelmina	Kilpatrick	,7319 Betz Ave,
endan d or fi	18. / 6. 9. /	CAUSE O	OF DEATH	-	INTERVAL BETW
(3) A franch who in reg	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.	(C)	fullock	. 0	
physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ysicic e the	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	OB IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
9	U 21 A. ACCIDENT WAS UNDERLYING 1218	ne, form, foctory, street, o	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
	OF INJURY (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED ile At Not Whi rk At Work	21 F. HOW DID IN	JURY OCCUR?	
and (6	22. I certify that (I) (this hospital) attended t	he deceased fram	1-14	19.65 to	1-30 19
0	that (I) (we) last saw the deceased alive an		0 19 65 and 1		pinian death accurred an
must b	and haur and from the causes stated above.	I) (We) (dld) (dfd nat)	view the bady after death.		
	23A. SIGNATORE		ending Med.	Stoff	23 B. DATE SIGNED
oval	23C/HYSICIAN'S NAME (Typo)	Ph)	23 D. ADDRESS	Phys.	
prior	BRUCE LEE E	-UATY M.D.	TOHIOS 1	Yorkun.	Hooki
		AME of CEMETERY of CR	EMATORY 24D,	LOCATION (City, town, or county)
	BURAIL 2-3-65 Bel	Air Memorial	Gardens B	el Air, Mar	yland

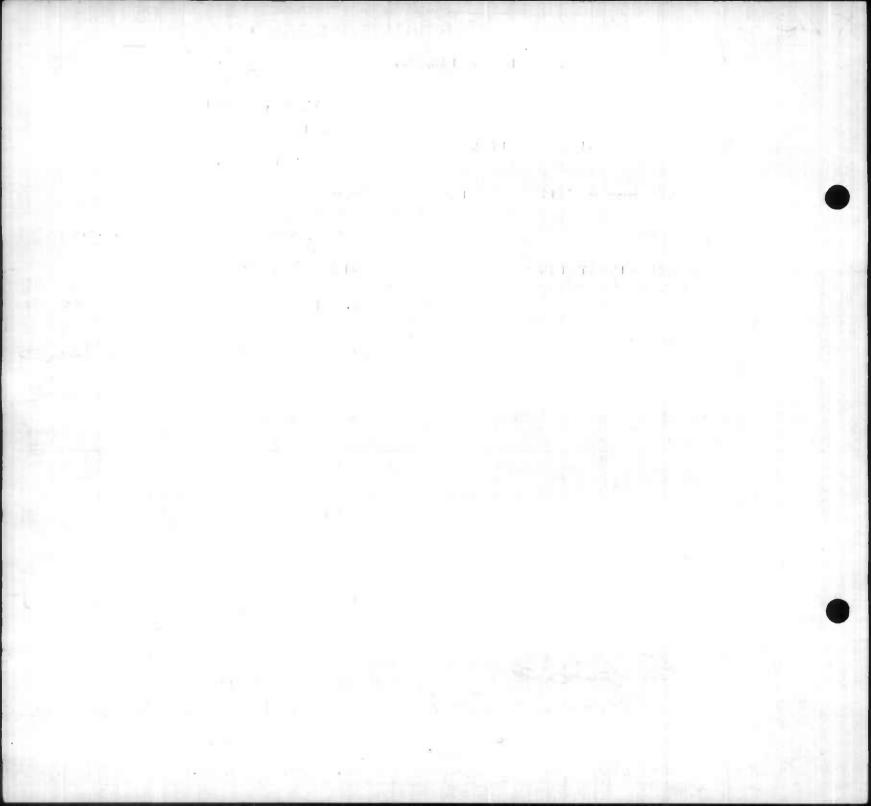
Robert E, Farley M.A.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

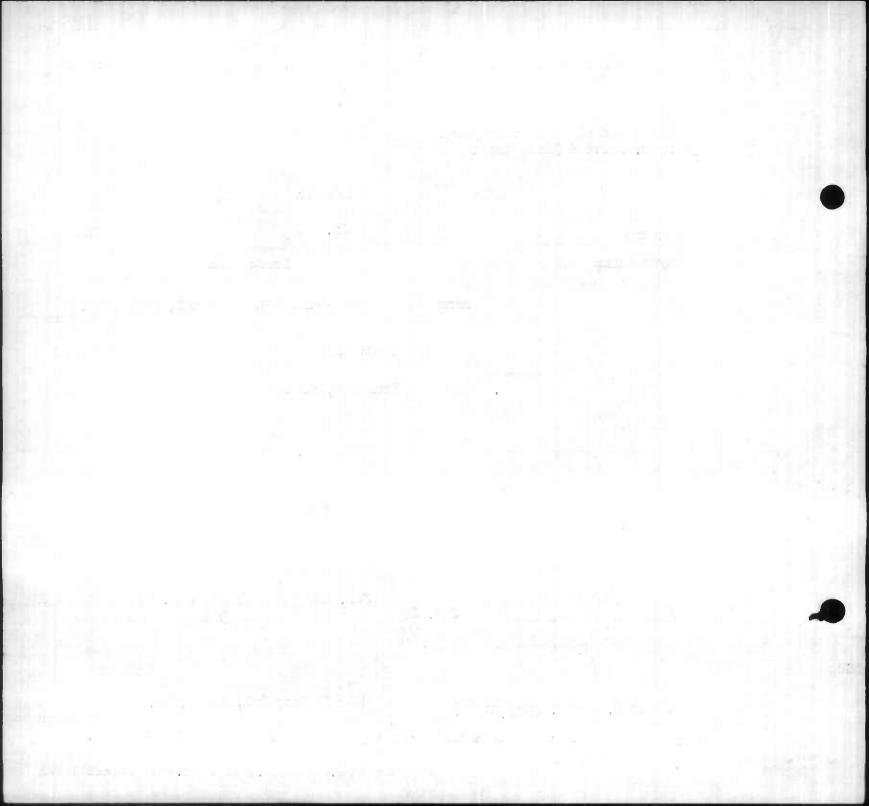
Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 19 Betz Ave, Balto INTERVAL BETWEEN DINGS CONSIDERED S OF DEATH? y, give exact location) n death accurred an the date B. DATE SIGNED and ADDRESS 25C. FUNERAL DIRECTOR Wm.Cook-Hamitton, Inc., 6009 Harford Rd, 22214

65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT RGB

	05	10==		BALTIMORE CITY	HEALTH DEPARTMENT		CE AOEE
	11 110.	1255		CERTIFICA	TE OF DEATH	Registered No.	65 1255
1, N	AME OF DECEASED				2. DATE	AND HOUR OF DEATH	
(Тур	e or Print) AR	LINE SUSAN	N STUMP			1. 29, 1965	9:50 AM
(r) F	TULL NAME OF	BALTIMORE, MAS	or institution, g	live street	Pa. B. COL	YTAL	stitution: residence before odmiss
- 1	NSTITUTION				Dauberville	outside city limits, write l	RURAL and give township)
	US Public H Wyman Pk. D					If rural, give location)	
	Wymori IA. D.	rive & Jis	or omee	5 6			
5. S	F 6. RAC	W W		NEVER MARRIED , DIVORCED (specify) LE	8. DATE OF BIRTH 8/10/51	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	USUAL OCCUPATIO during most of working student		10B, KIND OF	BUSINESS OR INDUSTRY	Pa.	oreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13.	Wayne St	ump			14. MOTHERS MAIDEN N Man	ie Noll	
Yes	Was Deceased Ever in	U. S. Armed Ford	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			none	Records- US F	HS Hospital,	Balto, Md.
	18.2043	1		CAUSE O	F DEATH		INTERVAL BETWEEN
		CONDITION DIR	ECTLY	So	Septicemia		4-5 days
	(This does not med		dying, e.g.,	DUE TO	P OT CENTA	2000 200 0 m m 40 m in 40 m in m in m m n 0 000 00 00 00 00 00 00 00 00 00 00 0	4-7 days
	healt failule, asthenia, etc. It means the disease, injury at complication which caused death.)			alama'a a saula		773	
	ANTECEDENT CAUSES (B)			ukemia, acute	· · · · · · · · · · · · · · · · · · ·	Unknown	
	DISEASES OR CONDITIONS, if any, giving						
	uise to the abar		slaling lhe	(C)			
	ONOLKE III O COIL	11					
ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	8UT NOT RELA	TED TO THE				
ERTIFIC	19A. DATE OF OPERA	TION 198. CONI		VHICH OPERATION	Yes Yes	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B, hom etc.)	PLACE OF tNJURY (e.g., in e, lorm, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
	21D. TIME (Month OF INJURY (APPROX.)	n) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (4	(this bassisal			Jan. 20	1965 to Jan	. 29 19 65
	that (I) (we) lost s			Tom 20		,	nion death occurred an the
				1111	iew the bady after deatl		dodin occorred dii lile
	23A. SIGN ATURE	(00363 3101		, (a) (ara) (ala)ribi) (The budy dilet dedil	10	23B. DATE SIGNED
	(la mo	11.7.	0	M.D. Atte	ending Med. Director	Stoff Phys.	1/29/65
	23C. PHYSICIAN'S NAME (Type)	A Jim	mer f		23D. ADDRESS	tal, Bakto, N	
244	James I	H. Frank,		(R)			ity, town, or county) (Stat
2 47	REMOVAL (Specify)	1-29-6	65 Bel	lemam's Cemet			Berks Co., Pa
25A	FEB	3 1965 (Robert	E Talley M.A.	Wm. Cook; Inc		aul Street,21202
VS	150-PEV 1/1/65				7		

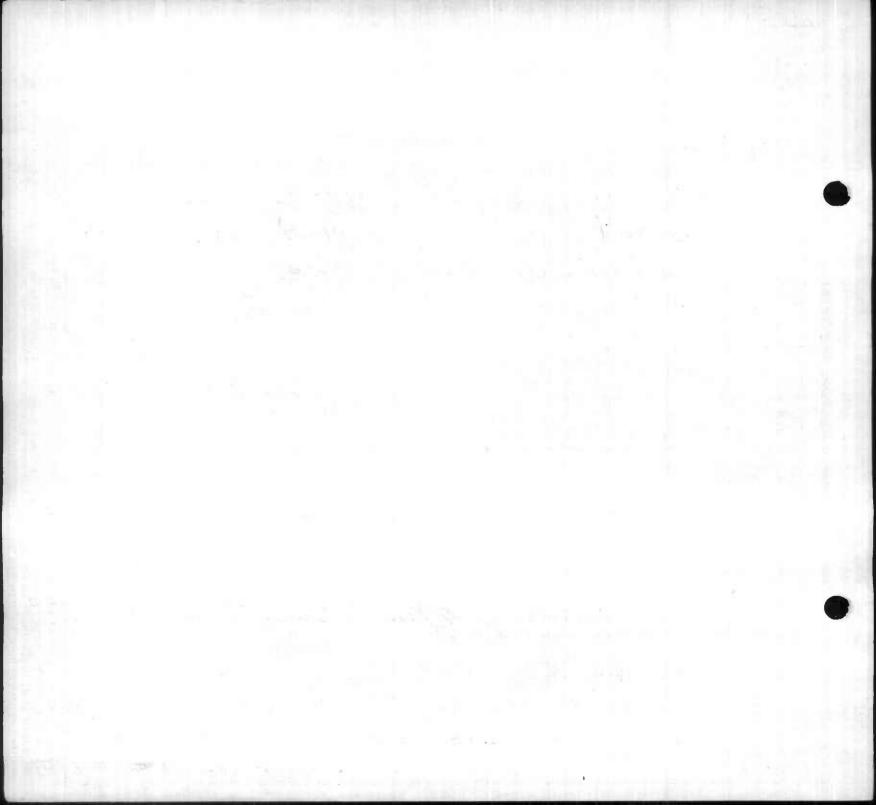


FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No.. CERTIFICATE OF DEATH r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY ance Maryland FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR (If outside city limits, write RURAL and give township attend INSTITUTION 10 Baltimore prior (If rurol, give location) D. STREET ADDRESS Belvedere and Green Spring Ave regular ŏ 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 24 Hrs. Hours Min. 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months: Doys 6. RACE ma deceased Hours Aug. 23, 1903 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) U.S.A. Transit Co Kearney, N. J. Dispatcher SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 3 Albert Russell Catherine W od assistant death LO O 17, INFORMANT ADDRESS 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO final attendance 521-07-4895 J.H.Geigle Funeral Home, Harrisburg, Pa any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, examiner 9 examiner. injury or camplication which caused death.) gol ANTECEDENT CAUSES who 0 are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) slating the physician remains UNDERLYING CONDITION last. e chief medical WOS medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body the 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) here to the hospital °Z DEATH (notify medical examined etc.) any nature; by 3 MEDI obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work and Work 22. I certify that (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on... ond that in my) (our) opinion death accurred an the date 40 6 eath) the body was released must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. hospit An accident 238, DATE SIGNED 23A. SIGNATURE Ö Med. Stoff M.D. Attending 0 Phys. Director approval O 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior to M.D. D.O.A. shows: (1) 24A, BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) 1 - 30 - 65Dauphin Cemetery Dauphin, Pa REMOVAL Was 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm.Cook, Inc., 1217 St. Paul Street, 21202 O VS 150-REV. 1/1/65

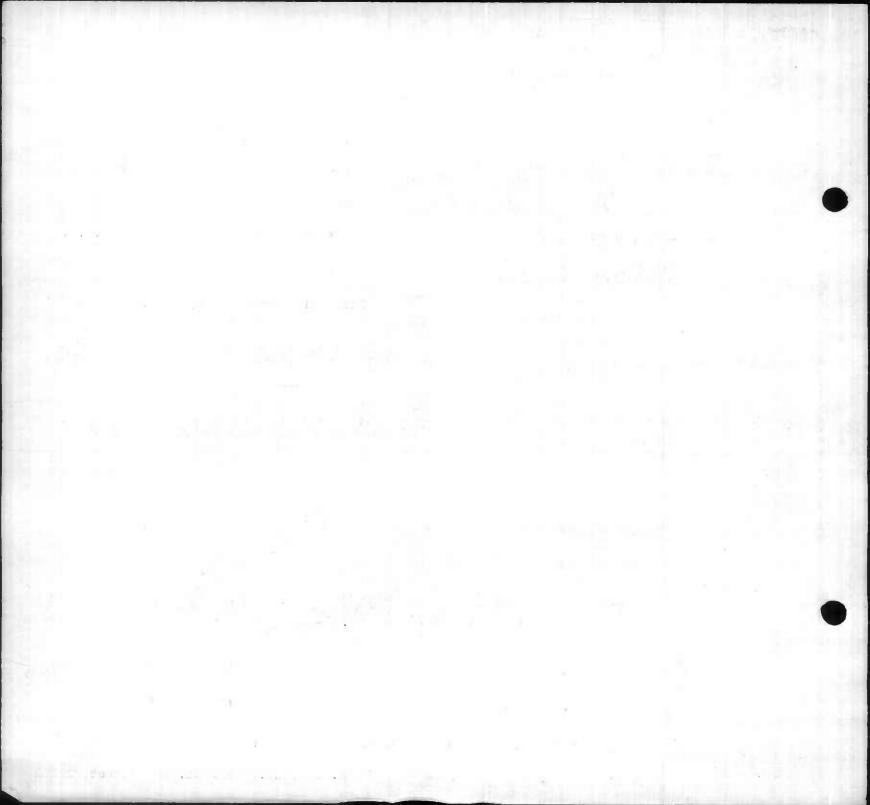


	BALTIMORE CITY	HEALTH DEPARTMENT		65	1000
BIRTH NO. 65 1257 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00	160/
1. NAME OF DECEASED	Y NE	2. DATE A	NO HOUR OF DEATH	5 1	1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	N. C V	4. USUAL RESIDENCE (Who	are deceased lived. If ins	titution: residence	befare admission)
FULL NAME OF (If not in hospital or institution, give address or location)	e street	c. CITY OR TOWN (If or	utside city limits, write RU	JRAL and give tov	vnship)
University of Mary	Level Hoop	D. STREET ADDRESS (III	rurol, give location)	53-00	
10	V		amuck,	Durce	
	DIVORCED (specify)	5 9 53	9. AGE (In years / tost birthday)	Months Doys	If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF 8 done during most of working life, even if retired)		11. MRTHPLACE (Stote of fore	eign country)	12. CITIZEN OF	NTRY?
13. FATHER'S NAME		11/18/11	Maryken	U.S	. A
William D. O.	Brien	SAC	Tan Ho	1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANI	-	ADDRES	S
100	CAUSE OF	Jarens	6	INITEDVA	BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF	2 /2 -	/		ND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Z	enkernic ,	1-ransform	akon)	me -
heal failure, asthenia, etc. It means the disease, injury at camplication which coused death.)		f. 1	6	9	
ANTECEDENT CAUSES	DUE TO	gniphava	carras		***************************************
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION tast.	(C)		***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
198. CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FI	NDINGS CONSIDERS OF DEATH?	ERED
U 21A. ACCIDENT WAS UNDERLYING 218. PL	LACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimare	City, give exact la	eation)
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Haur) 21E, 19 While	At Not While	21F. HOW DID IN.	JURY OCCUR?		
22. I certify that (I) (this hospital) attended the	deceased from	/	19 6 4 10 ga	1 29	196.5.
and haur and from the causes stated above (1)	Was Girl Land		nat in (my) (aur) apini	ion death accur	red on the date
23A. SIGNATURE	("") (010) (010 1101) VI	ew the bady after death.		23B. DATE SIGNES	
DE Knickerhore	Rece M.D. Atter	Med. Director	Stoff Phys.	29/	en 64
23C. PHYSICIAN'S NAME (Type)	V M.D.	3D. ADDRESS	1 (1		11
24A. BURIAL CREMATION, 248. DATE 24C. NAN	AE of CEMETERY of CREA	MATORY 24D. I	OCATION (City	tofon, or county)	(Slate)
REMOVAL 2-2-65 St.	Peter's Cemet	ery Sa	ratoga Spring	s, New Yo	rk
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF FEB 3 1965	REGISTRAD H.A.	Wm. Cook-Tows	on, Inc., 1050	York Roa	d, TOWSON
VS 150-REV. 1/1/65					



2005		TH NO. 10 LCOO CERTIFIC	ATE OF DEATH Registered No.	- 65 1258
pital and of death Deceased e on the	1. (T ₎	E. CASE NO. NAME OF DECEASED AAAAA AAAAAA AAAAAAAAAAAAAAAAAA	2. DATE AND HOUR OF DEATH February 1,1965	
5 0 0	3.	PLACE OF DEATH IN BALTIMORE MANY AND	A. USUAL RESIDENCE (Where deceased lived. If it	nstitution: residence before odmission
	and the same	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN III outside city limits, write	RURAL and give township)
ing cau	0	la Maline Planking Marida	D. STREET ADDRESS (If rurol, give location)	uenue
7500	5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Manths Days Haurs Min.
contribution to the contribution regularity	. <u>s</u> 10.	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
ded Unor	K 13	egistered Nurse	Pennsylvania 14. MOTHERS MAIDEN NAME	U.S.A.
directly (4)	. <u>s</u>	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS D
ORTA assist f the f the ny kin d dec	fin	es, no or unknawn) (If yes, give war or dotes of service) SECURITY NO.	Griffith Funeral Home, 655	E.Broad St
his co, i co, i f an ince	ō	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Perforated Viscus	ONSET AND DEATH
0 7 0 0 0	0	(This does not mean the made of dying, e.g., heart foilure, astherio, etc. 11 means the disease, injury ar camplication which coused death.)		
xamine kaminer A fract		ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving	4 Olastic Ra back	Qi ANA
(3) (3)	D SE	rise to the obave cause (A) stating the UNDERLYING CONDITION last.	uto Blostic Tenkemia	The eyeur
AL nedic edic		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		,
FUNER ne chief ne by a me 2) Body by re the ph	4	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
==~0	0 4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, factory, street, DEATH (notify medical examiner)	g., in or obout 21 Ct WHERE DID (If in Baltimore, affice bldg., INJURY OCCUR?	e City, give exact location)
ed be hosp hosp ature pt v	ined	21D. TIME (Month) (Doy) (Yeor) IHour) 21E. INJURY OCCURRED OF INJURY While At Not V	21F. HOW DID INJURY OCCUR?	
pprov any n (exce	+	22. 4 certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive ans RDIVIOUS	19 (to 10)	410y 1965
of of of	st be	and haur and fram the causes stated above. (1) (We) (did) (did not	9 "	inian death accurred an the da
5 - C C	_	THE VIULUIUM	Attending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED 1965
		HERBERT J. HARWICK M	D. THE JOHNS HOPKINS HOS	PITAL
E ACOT	D 24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL 2-1-65 Odd Fellow C		unty, Pa
This certif the body shows: (1) was D.O.	¥ 25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FEB 3 1965 Robert & Farbertha	25C. FUNERAL DIRECTOR Wm.Cook, Inc., 1217 St.P	ADDRESS
	VS	150-REV. 1/1/65		

BALTIMORE CITY HEALTH DEPARTMENT



1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type at Print) Charles Maurice IV-	hedbeel I. hu-2-65- 1701
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceased lived, it institution; lesidence perote
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Md. Ballo Cefy
INSTITUTION	C. CITY OR TOWN (If autside city limits, write RULAL and give township)
O at his ruseifence -	D. STREET ADDRESS (If rural, give location)
Outland of to	D. STREET ADDRESS (If rural, give acotion)
umvassayor appo -18	39-24 Conselection / 311-18
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WITDOWED, DEVORCED (specify	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Manths; Doys Haurs;
Male Mule Gulanen	- Jek 15/1882 82
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF SUSINESS OF INDU	STRY 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rolinsol / Vil Julie	14/93 and more 1 215
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME
Con COLD ID and	1 PA DID WILL
Mo, J. Mullell	1 CHROLITUMANUS
Yas, na ar unknown (If yes, give war or dates af service) 16. SOCIAL SECURITY NO.	17. THEORINANT ADDRESS
Vus WW-1 8/05-07-276	XV.C. The chee/ ne blew / - That Bho
	E OF DEATH INTERVAL BETY
DISEASE OR CONDITION DIRECTLY	ONSET AND D
LEADING TO DEATH	ip here abdomine aorlie antonio 2 4.
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Teriosclarios ? yr
injury ar camplication which caused death.)	leverse Parries 2 42
ANTECEDENT CAUSES (B) (B) (D) (D) (E)	
DISEASES OR CONDITIONS, if any, giving	
rise la lhe abave cause (A) staling tha (C)	***************************************
	•
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ancelon anemen - 35-42
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ince Obstructing pulminogelace 5 4
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	s.g., in or about 21 C. WHERE DID (If in Boltimare City, give exact location
OR CONTRIBUTING CAUSE OF home, farm, factory, streetc.)	et, affice bldg., INJURY OCCUR?
O 21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
₩ OF INJURY While At Not	While
Work At \	Vork U
22. I certify that (I) (this haspital) attended the deceased fram	6/6 1943 to Teb. 2 1
that (1) (we) last saw the deceased alive an	and that in(my) (aur) apinian death accurred a
and haur and from the causes stated above. (I) (We) (did) (did n	at) view the bady after death.
23A. SIGNATURE	238. DATE SIGNED
TOUMAIN WYSHIR M.D.	Attending Med. Stoff Phys. Director Phys. 2/2/63
23C. PHYSICIAN'S	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	100 11/10000000000000000000000000000000
Trancis IV OIDER	A.D. 100 W amreally & wy
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	CREMATORY 24D LOCATION (City, town, of county)
Toursal tell (attreso	1 mes 5 cello 20- 2011
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

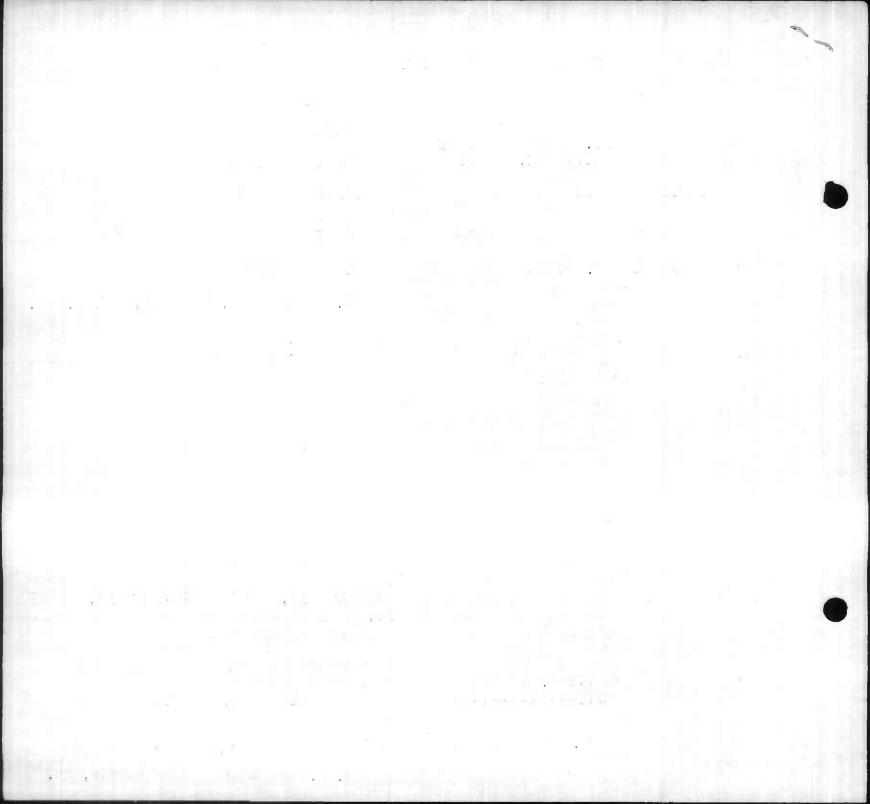
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

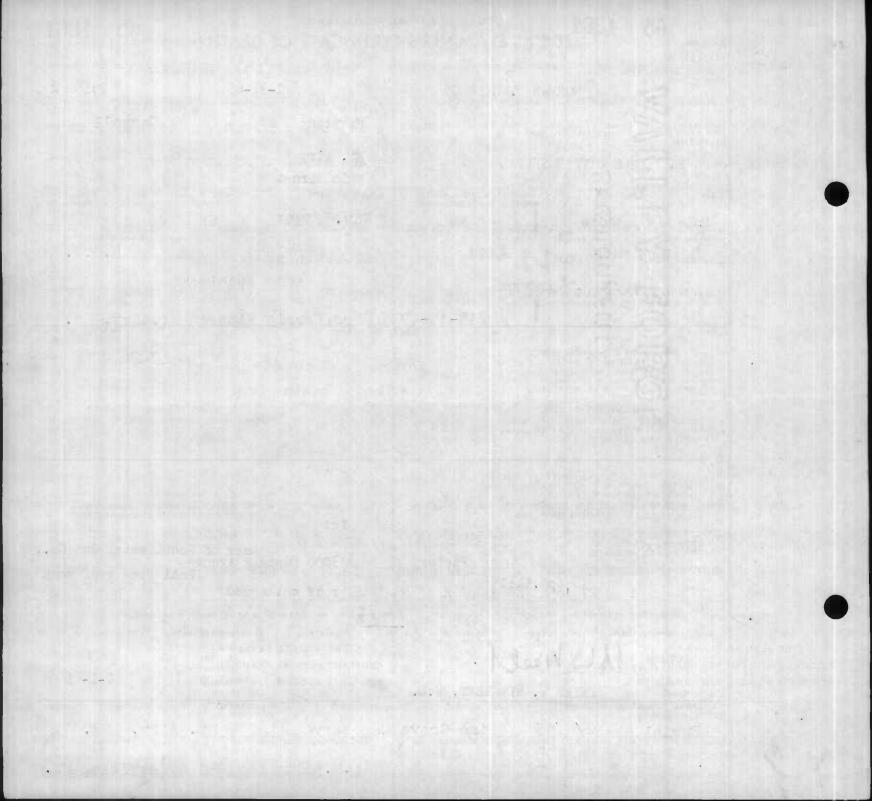


		CF A	BALTIMORE CIT	Y HEALTH DEPARTMENT	CF 4900
BIRTH I	10. 169.02683	65 1	260 CERTIFICA	ATE OF DEATH Registered No.	65 1260
M.E. C	ASE NO.		CERTITION	ALL OF BEATH X	
1.NAM (Type o	Print) STAD	ER	BABY GIRL	2. DATE AND HOUR OF DEATH	9 IAM M
3. PLA	E OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before edmission)
	NAME OF (If net in hosp	itel er institulie etion)	n, give streel	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write	e Arundel
INST	TUTION			SEVERN	KUKAL and give township)
0	ST. A	GNES HO	OSPITAL	D. STREET ADDRESS (If rurel, give locotion)	32.00
	BALTI	MORE, I	MARYLAND	RT I BOX 548	
	ALE WHITE	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeers lost birthdey) NEWBORN	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		work 10B. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	ring most of working life, even if retire NONE	ed)	None	MARYLAND	USA
13. FAT	HERS NAME			14. MOTHER'S MAIDEN NAME	
	CHARLES J. S	TADER		GLADYS BUTTRUM	
15. Wes	Deceesed Ever in U. S. Armed	Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
	er unknown) (If yes, give wor or None	dotes of service	SECURITY NO.	ST. AGNES HOSP. RECO	ORDS, BALTO. MD.
18.	776X 1		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION			7. / -	ONSET AND BEATH
	LEADING TO DEA		(A)	Immeturity	
	is does not mean the mode out foilure, osthenia, etc. It me				
	ury ar camplication which ceu		50,		
	ANTECEDENT CAU	SES	(B)		
DI	SEASES OR CONDITIONS,	if any missi	DUE TO		
ris	lo lhe obove couse (DERLYING CONDITION loss.				
E TO	HER SIGNIFICANT CONDITION THE DEATH BUT NOT F SEASE OR CONDITION CAUSIN	ELATED TO			
	DATE OF OPERATION 198.		R WHICH OPERATION	20 A. AUTOPSY? (Yes er Ne) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 /	ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE OF		21B. PLACE OF INJURY (e.g., nome, lerm, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimo effice bldg., INJURY OCCUR?	ie City, give exect locotion)
	- TIME (Month) (Doy) (Y	eor) (Hour) 2	IE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	INJURY		While At Net Wh		
(A)	PROX.)		Work At Work		
22.	I certify that (I) (this hosp	ital) ottended	the deceased from	JANUARY 31, 1965 10 JA	NUARY 31, 19 65
the	t (I) (we) lost saw the dece	osed olive o	JANUARY 3	1 / 5	inian death occurred on the date
	haur and from the causes				goon occorred on the dote
	. SIGNATURE	STOTED DOVE	(i) (me) (ala) (ala nat)	view the bady after death.	loop DAYE CLONES
234	Chara	P. IL	2002(20)	Mad = 5-4	23 B. DATE SIGNED
	TOPACE	DAVA	M.D. At	ys. Med. Stoff Phys.	1/31/65
230	PHYSICIAN'S CHACE	r. AYU	YAU	23D. ADDRESS	
	NAME (Type)	IXX RAKK	KKKXX M.D.	BALTIMORE, MARY	LAND
24A. BL	JRIAL CREMATION, 248, DATE	240	NAME of CEMETERY or CI		City, lewn, er ceunty) (Stete)
RE	MOVAL (Specify)				
	Burial Feb.		len Haven Mem		ie, Maryland
25A. D.	EER 9 1001	S. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	LED 9 130	بالمربي	O C. Morrison	R.V. Singleton G	len Burnie, Md.
VS 150-	REV. 1/1/65				



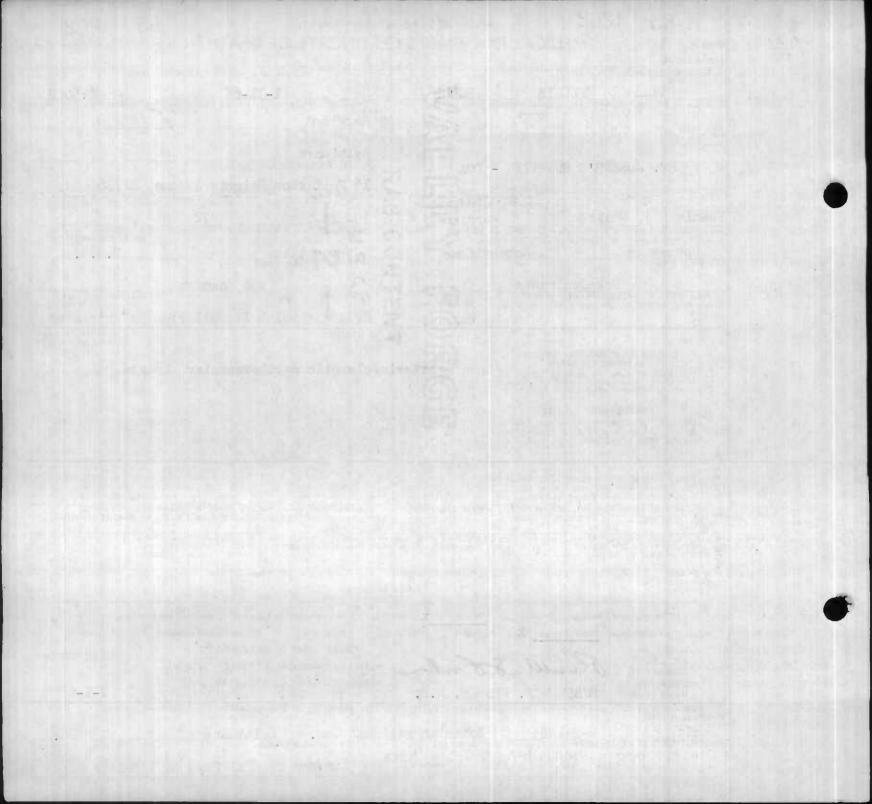
	7.7	1201		E A STATE OF THE S		
RTH NO.	.,,,		EXAMINER'S	CERTIFICATE	OF DEATH	Registered No
					~/	

1. NAME OF DECEASED Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD	
NORMAN I RIPPEON 1-31-65 7:55	R M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before a B. COUNTY	dmi s sian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET Maryland Carroll	
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits, write RURAL and give townships to the corporate limits.	ip)
BALTIMORE CITY HOSPITAL Mt. Airy D. STREET ADDRESS (If rurol, give locotion)	
Main Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 WIDOWED, DIVORCED(specify) last birthdoy) Months Days Hours	24 Hrs. Min.
Male White Married Nov. 5 1911 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Maintenance Feed Maryland U.S.A.	
Harry N. Rinneon Maude Etchison	
Harry N. Rinneon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO.	
No 213-16-1735 Mrs Carrie Rippeon Mt. Airy, Md.	TWEEN
ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Distance of the combolism	
(A) Pulmonary fat embolism - Complicating	
heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) fracture of arm and base of skull	
ANTECENDENT CAUSES Sansis	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
Yes Yes	-00
21A. EXTERNAL CAUSE WAS OUNDERLYING GOR CONTRIB- OUNDERLYING GOR CONTRIB- home, form, foctory, street, office bidg., INJURY OCCUR? Rear of Continental Can	Co
Factory 3000 Dundalk Avenue	00.,
The man thought the man the ma	hen
(APPROX.) 1 27 65 AM., WHILE AT K NOT WHILE TOO f collapsed - Fell off ladder	
22.	7/10
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER DATE SIG	NED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	,
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. ASSOCIATE MEDICAL EXAMINER X 2-1-65	
	Stole)
0.4) 11 2	
24A. DATE REC'D BY HEALTH DEPT. 24R NAME OF PEGISTRAD. 24C SUMERAL DIRECTOR	
FEB 3 1965 Robert E. Farley M.A.	V
VS 151-REV. 1/1/65 C.M. Waltz Box 241 Sykesville, N	ld.



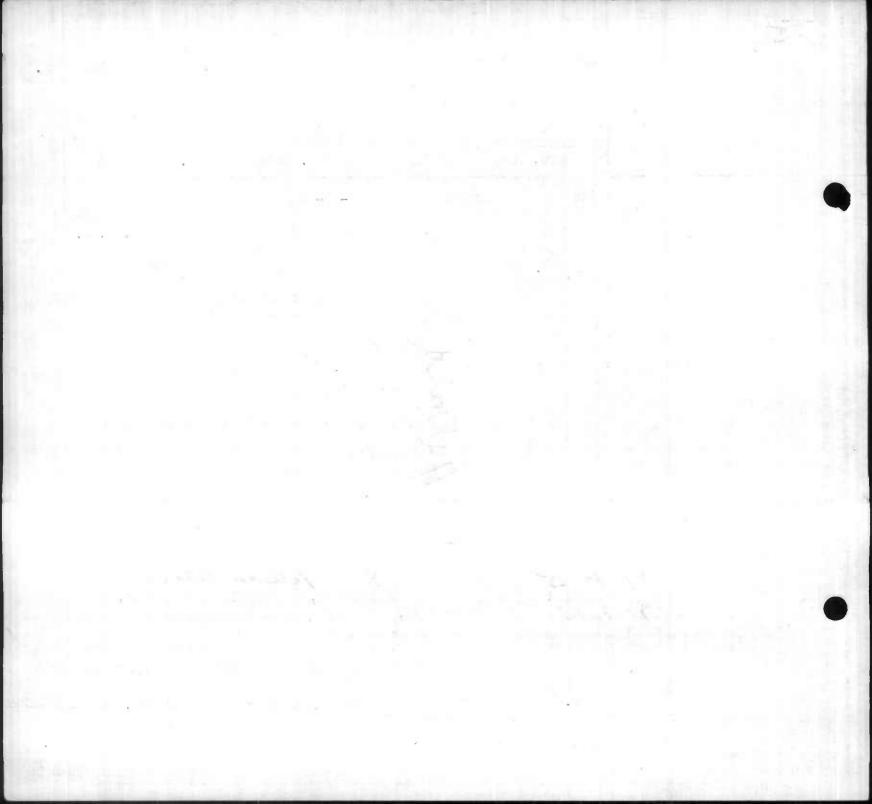
UU	Trans	BALTIMORE CITE II	ILALIN DE AKTALIA	
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH Registered
M.E. CASE NO.			X	
			O DATE	AND HOUR PROMOUNICED

M.E. CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 12 -,			X			
1. NAME OF DECE	ASED			2. DATE AND HOUR PRONOUNCED DEAD				
Otil	ie TILLI	E	HOLUB	1-31-65 8:50 P.M.				
FULL NAME OF HOSPITAL OR INSTITUTION	ORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
ST.	JOSEPH'S HOS	SPITAL -	DOA		DRESS (If rurol,	eights Aver	nue 21236	
5. SEX 6.	RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years lost birthdoy)		
Female	White		arried	10- 29	-1893	72		
	ATION (Give kind at war rking life, even if retired)	TOB. KIND OI	BUSINESS OR INDUSTRY	YII. BIRTHPLACE	(State or foreig	n cauntry)	12. CITIZEN OF WHAT COUNTRY?	
Housewit		House	wife	Cheso	volkia		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S				
15 WAS DECEMBED	Unknown Tr		16. SOCIAL	17. INFORM ANT		na Unknown	ADDRESS	
	f yes, give wor or dote		SECURITY NO.					
No			None	Mr Ado	lf Holub	16 Fuller	ton Heights Aven	
DISEASES OF RISE TO THE UNDERLYING	TECENDENT CAUSI ABOVE CAUSE (A) S CONDITION LAST. II FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	CONTRIBUTI		20A AUTOP	EV7 (Vac ot No.)	JOR IE YES WEBE	FINDINGS CONSIDERED	
00	WAS PER	FORMED		No		IN CERTIFYING CA	USES OF DEATH?	
21A. EXTERNAL UNDERLYING CAUSE UTING CAUSE 21D TIME OF INJURY	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJU	RY OCCUR?	Off in Boltimore City, JRY OCCUR?	give exect locotion/	
(APPROX.)		m.	WHILE AT NOT	WHILE				
22.	y that I held an	Inquiry 🗌	Inspection X Au	tapsy 🗌 a	nd that an th	is basis, death in	my apinian	
resulte	d fram: Natural ca	uses X	Accident Suicle			Undetermined man	ner _	
	0				MEDICAL EX	CAMINER E	DATE SIGNED	
SIGNATU	RE O Cun	ul 8	onle M.D		MEDICAL EX			
EXAMINE NAME (T)	R'S RUSSEL	L S. FI	SHER, M.D.	ASSOCIATE	MEDICAL E	XAMINER	2-1-65	
23A. BURIAL CREM REMOVAL (Specify)			C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (Ci	ty, lown, or county) (Stote)	
Burial 24A. DATE REC'D B	2-3-19	965	Bohemian Nat		n. Ba	ltimore	ADDRESS MdM	
1	FEB 3 196		BE. Farley M.	ft.			7401 Belair Road	

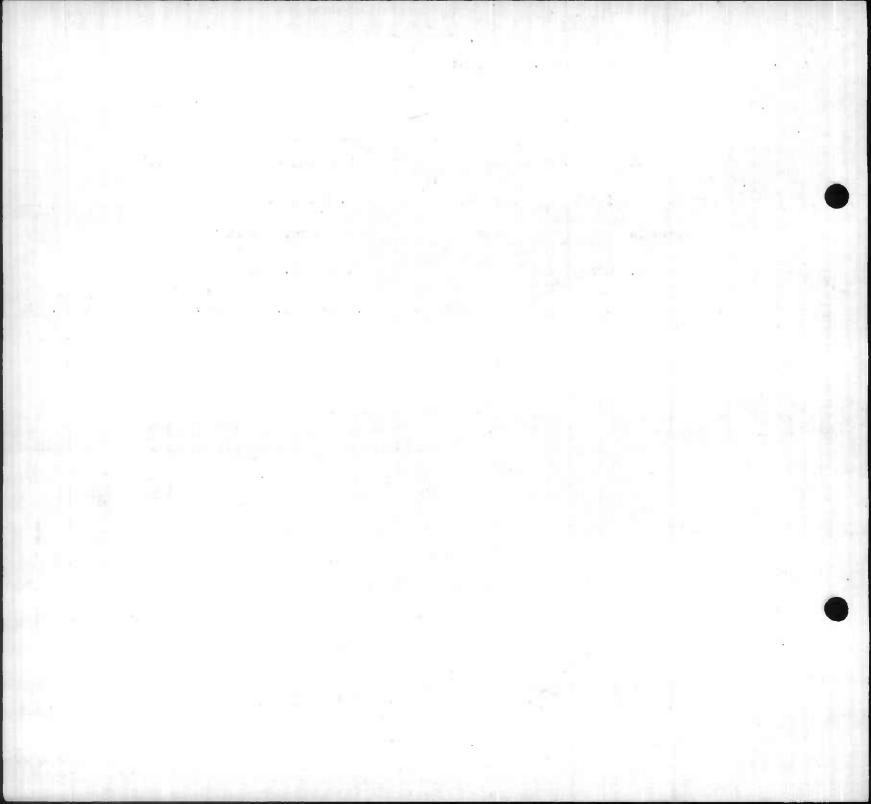


Schaub

BIRTH NO.	05 1000	BALTIMORE CITT	HEALTH DEPARTMENT		CF 1000
DIRTITE ITO.	65 1263	CERTIFICA	TE OF DEATH	Registered No.	65 1263
M.E. CASE P				AND HOUR OF DEATH	
(Type or Print	1)	helichat I bel mannen			C- DEAM
	SCHAUB, ES	TEENE ESTELLE		31-65	6:25AM M
3. PLACE OF	F DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. CO	here deceosed lived, If institu UNTY	tion: residence before odmission)
			MARYLAND	2	5-04
HOSPITAL		or institution, give street		outside city limits, write RUR	Al and sive towardill)
INSTITUTIO	ON		BALTIMORE	ourside city minis, while kok.	AL one give lownship)
< THE	JOHNS HOPKIN	S HOSPITAL			
	RIFICATE COR	RECTED 2-25-65		(If rural, give location)	
0.2	THE TOTAL OUT	INLUIED 2-29-09	4423 OLD /F	REERICK/ROAD	FREDERICK ROAD
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 1	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
F	14	WIDOWED DIVORCED (specify)	6-13-89	lost history)	onths Days Hours Min.
	ost of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	III. BIKIMPLACE (Store of to	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	use Work	Own Home	Pulaski,	V	U.S.A.
13. FATHER'S		0 10 11 110 1110	14. MOTHER'S MAIDEN N		0 0 0 0 0 0
REU	BEN THOMAS Ru	pe	LAVINAA	KRINER	
15. Was Dec	eosed Ever in U. S. Armed For		17. INFORMANT	±±23	OT ADDRESS
	known) (If yes, give wor or dote		Lrs Edward	- wrth	La Frederica
No	No.	420-06-064	L'	Buli	inore Ld
18. //	30.11	CAUSE O	F DEATH		INTERVAL BETWEEN
10	ISEASE OR CONDITION DIR	ECTLY			ONSET AND DEATH
- 49	LEADING TO DEATH	(A) N1YC	XARDIAL I	NEARCHON	ZZ URYS
	oes not mean the mode of	dying, e.g., DUE TO			
	ilure, asthenia, etc. It means r camplication which caused	f at h	4-1-		
injury o		death.)	CVD		ONKOUS
	ANTECEDENT CAUSES	DUE TO			
DISEAS	ES OR CONDITIONS, if	ony, giving			
	the obove cause (A)	stating the (C)	M 000000000000000000000000000000000000		
UNDER	LYING CONDITION lost.				
_	II II				1 1 1 1 1 1 1 1 1 1 1
	SIGNIFICANT CONDITIONS C				
DISEASI	E OR CONDITION CAUSING I				
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FINE	
9 19A. DA				the organization of the contract	DINGS CONSIDERED
19A. DA	TE OF OPERATION 175. CON		YES	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
21A. AC	CIDENT WAS UNDERLYING	ORMED 21B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH? ty, give exact location)
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	n or obout 21C. WHERE DID	IN CERTIFYING CAUSE	S OF DEATH?
OR CON	CIDENT WAS UNDERLYING	ORMED 21B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	IN CERTIFYING CAUSE	S OF DEATH?
OR CON DEATH	CIDENT WAS UNDERLYING TIRBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltimore Ci	S OF DEATH?
OR CON DEATH OF INJU	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) JRY	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.) (Hour) 21E, INJURY OCCURRED While At Not While	n or obout 21C. WHERE DID (fice bldg., INJURY OCCUR?	(If in Boltimore Ci	S OF DEATH?
OF INJU	WAS PERIOR WAS UNDERLYING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) AF (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work	n or obout 21C. WHERE DID (fice bldg., INJURY OCCUR?	IN CERTIFYING CAUSE (If in Boltimore Ci	S OF DEATH?
OF INJU	WAS PERIOR WAS UNDERLYING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) AF (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work	n or obout 21C. WHERE DID (fice bldg., INJURY OCCUR?	(If in Boltimore Ci	S OF DEATH?
OR CON DEATH OF INJU (APPROX	WAS PERIOR WAS UNDERLYING TITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) Ortify that (1) (this spital	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work at work At work	n or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CAUSE (If in Boltimore Ci	ty, give exact location)
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O 21A. AC OR CON DEATH 21D. TIM (APPROX 22. I ce that (I) and hou	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) Ortify that (1) (this spital (Se) last saw the decease or and from the causes state	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work at work At work	21F. HOW DID I	NJURY OCCUR? 19 5 to that in (my) (18) opinion.	ty, give exact locotion) 3) 19
21A. ACOR CON DEATH 21D. TIMO OF INJU (APPROX 22. 1 ce that (I)	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) Ortify that (1) (this spital (Se) last saw the decease or and from the causes state	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work) attended the deceased from deceased from the	21F. HOW DID I	NJURY OCCUR? 19 5 to that in (my) (18) opinion.	s OF DEATH? ty, give exact locotion) 19 26 In death occurred on the date B. DATE SIGNED
O 21A. AC OR CON DEATH 21D. TIM (APPROX 22. I ce that (I) and hou	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) Ortify that (1) (this spital (Se) last saw the decease or and from the causes state	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work) attended the deceased from add alive on 1.3. 24 above. (1) (did) (did fat) v	21F. HOW DID I	IN CERTIFYING CAUSE (If in Boltimore Ci NJURY OCCUR? 19 5 to	s OF DEATH? ty, give exact locotion) 19 26 In death occurred on the date B. DATE SIGNED
O 21A. ACC OR CON DEATH OF INJU (APPROX 22. I ce that (I) and hou 23A. SIG	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Day) (Year) ATRY (C) Pertify that (1) (this spital (Se) last saw the decease or and from the causes state NATURE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work at alive on 3. 3. 4. Work M.D. Atterphy.	21F. HOW DID I 21F. How Did I	IN CERTIFYING CAUSE (If in Boltimore Ci NJURY OCCUR? 19 5 to that in (my) (107) opinion 123	ty, give exact locotion) 19 36 19 46 In death occurred on the date
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21A. ACC OR CON OR CON DEATH OF INJU (APPROX 22. I ce that (I) and hou 23A. SIGI 23C. PHY NAI W 24A. BURIAL REMON	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) AE (Month) (Month) (Doy) (Year) AE (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) (Month) AE (Month)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work at olive on 3. 3. 4. Work M.D. Atterphy M.D. Atterphy A.D. Atterphy M.D. 24C. NAME of CEMETERY of CRE	21F. HOW DID I 21F. HOW DID I	IN CERTIFYING CAUSE (If in Boltimore Ci NJURY OCCUR? 19 5 to that in(my) (19) opinion Stoff Phys. 23 NS HOSPITAL LOCATION (City, 19)	s OF DEATH? ty, give exect locotion) 19 85 In death occurred on the date 8. DATE SIGNED 1. 31. 65 Own, or county) (Stote)
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21A. ACC OR CON OF CON DEATH OF INJU (APPROX 22. I ce that (I) and hou 23A. SIGI 23C. PHY NAI W 24A. BURIAL REMOV	WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) AE (Month) (Month) (Doy) (Year) AE (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) (Month) AE (Month) (Month) (Month) (Month) (Month) (Month) AE (Month)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work at olive on 3. 3. 4. Work M.D. Atterphy M.D. Atterphy A.D. Atterphy M.D. 24C. NAME of CEMETERY of CRE	21F. HOW DID I 21F. HOW DID I	IN CERTIFYING CAUSE (If in Boltimore Ci NJURY OCCUR? 19 55 to that in (my) (104) opinion NS HOSPITAL LOCATION (City, 100) OR	s OF DEATH? ty, give exect locotion) 19 85 In death occurred on the date 8. DATE SIGNED 1. 31. 65 Own, or county) (Stote)



	0- 100-		BALTIMORE CITY	HEALTH DEPARTMENT	C5 400F
BIRT	1 No. 65 1265		CERTIFICA	TE OF DEATH Registered	No. 00 1200
	CASE NO.				
	AME OF DECEASED or Print) Beatrice	K. Mill	oourne	February 1,	
3. PL	LACE OF DEATH IN BALTIMORE, A	ARYLAND		4. USUAL RESIDENCE (Where deceased lived	d. If institution: residence before admission)
H	ULL NAME OF (If not in hospit OSPITAL OR oddress or local ISTITUTION	ol or institution, tion)	give street		ltimore write RURAL and give township)
0	Hood Nursing	Home		Catonsville D. STREET ADDRESS (If rurol, give locotic	53-00
	5313 Edmonds	on Avenu	16	251 Gralan Road	21228
5. SE	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	emale White		rried	Sept. 25, 1891 73	
	USUAL OCCUPATION (Give kind of we during most of working life, even if retire		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
30116	Housewife		ome	Baltimore, Maryland	
13. F	ATHERS NAME			14. MOTHER'S MAIDEN NAME	
	Thomas J. Burns			Nellie L. Flannery	
5. W	Vos Deceased Ever in U. S. Armed	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	251 Gralan Road
- 43,	No None	or scivice/	None	Mr. Elwood O. Milbourne	Catonsville, Md. 28
1	18. // 2 2 / 1		CAUSE O		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	D	1	ONSET AND DEATH
	LEADING TO DEAT		(A) V C	Umonary Idema	four dags.
	(This does not meen the mode heart failure, asthenia, etc. It med				10
	injury ar camplication which cous		Con	realize Secret fail	
	ANTECEDENT CAUS	ES	DUE TO	y care	
	DISEASES OR CONDITIONS, rise to the obave couse (neralised anterior	Porotes
	UNDERLYING CONDITION Iosi.	A stuning in	(0)	a Company	tion.
	- 11		CZ	stir - stream a	23.005
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO T		bral Vascular a	ecident
		ONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	he	B. PLACE OF INJURY (e.g., inme, form, foctory, street, of	n or obout 21C. WHERE DID (II in Biffice bldg., INJURY OCCUR?	oltimore City, give exact locotion)
EDI	21 D. TIME (Month) (Doy) (Ye	or) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
>	(APPROX.)		/hile At Not While At Work		
	22. Feertify that (1) (this hospi	tol) ottended	the deceased from	19 6 0 to	Februar 1 1965
	that (1) (we) lost sow the dece		1/27		r) opinion death occurred on the date
	and hour and from the couses s		May and and		a contract of the sol
	23A. SIGNATURE	,	TITY COLON COLO 11827 V	The body offer deom.	23B. DATE SIGNED
	Alu Tu	Torenia	M.D. Atte	ending Med. Stoff Phys.	2/2/15
	23C. PHYSICIAN'S	- ()		23D. ADDRESS	
	NAME (Type)	GFR'	WIG JR M.D.	400 Trala Re	. Daloting 28 Ml
24A.	BURIAL CREMATION, 24B. DATE	24C.1	NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
	Burial 2/4/1	.965 · I	oudon Park Cen	metery Baltimore	, Maryland
25A.	DATE REC'D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRECTOR	2 ettimore maryland 1
	FEB 3 196	5 Role	DE. Janey M. VI	wm. J. Tickner of Som n	orth & Par avenue
VS 1	50-REV. 1/1/65			. 0 0	



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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IA 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE Maryland (If not in hospital ar institution, give street FULL NAME OF HOSPITAL OR oddress or location C. CITY OR TOWN Baltimore
D. STREET ADDRESS Maryland General Hospital prior (If rurol, give lacation) Linden Avenue and Madison 2016 Maryland Avenue TE OF BIRTH 9. AGE (In yeors last birthday) 7. MARRIED, NEVER MARRIED S. SEX B. DATE OF BIRTH If Under 1 Yr. eceased WIDOWED, DIVORCED (specify) Manths Days Dec. 22, 1871 90
11. BIRTHPLACE (Stote or foreign caunity) White IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Retired Clerk A. & P. Maryland
14. MOTHERS MAIDEN NAME 13. FATHER'S NAME spos Kirby Mary Dugan HO 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO. 2016 Maryland Avenue attendance No None 222-01-2024 Mae Mirby Baltimore, Maryland Mrs. CAUSE OF DEATH 20 DISEASE OR CONDITION DIRECTLY med conorary drawy occlusion LEADING TO DEATH (This does not mean the made of dying, embal heart failure, asthenia, etc. It means the disease, 10 injury or complication which caused death,) regul ANTECEDENT CAUSES GIL Condiovascular dipan DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 9 TO THE DEATH BUT NOT PELATER DISEASE OR CONDITION CAL 198. CONDITION FOR 20 A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner) etc.) MEDI obtained 21 D. TIME (Yeor) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Work At Wark and 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in(my) (aur) apinion death accurred on the date death) must and hear and from the causes stated abave. (1) (11) (did) (11)) view the bady after death. Attending M.D. Med. 10 Phys. Director approval prior 23D. ADDRESS deceased paritten ap 24A. BURIAL CREMATION, CEMETERY OF CREMATORY REMOVAL (Specily) Cemetery | 125C. FUNERAL DIRECTOR

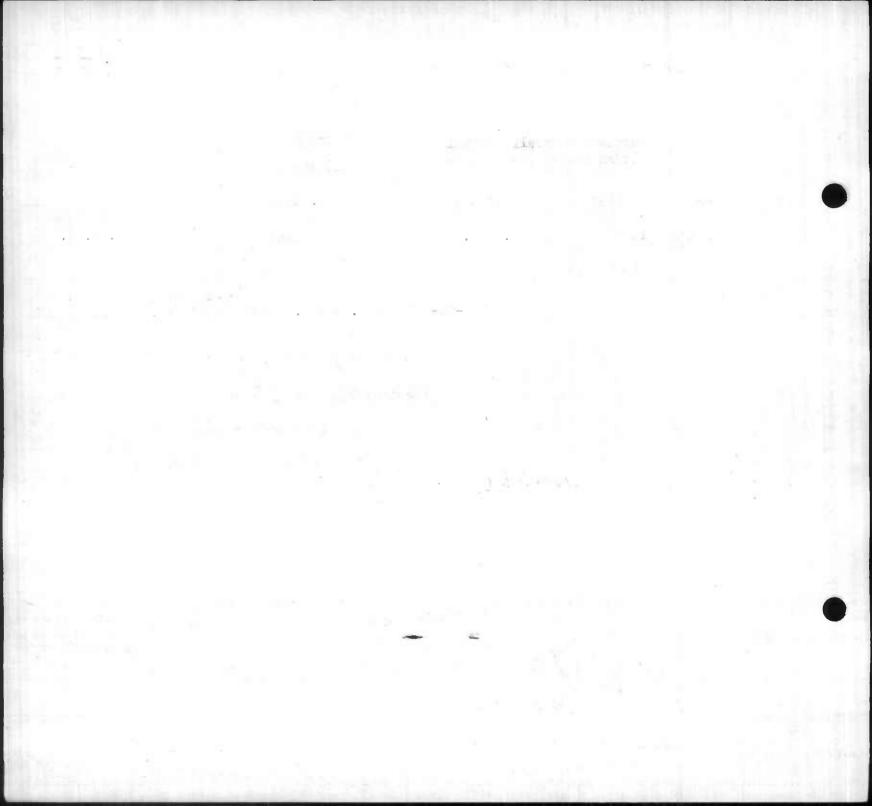
If Under 24 Hrs.

Hours

U. S.

ADDRESS

ONSET AND DEATH



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitc the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death	
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fica	An (A. a	pri	ppr
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his he b	how	/as	929	written approval must be obtained before the remains are embalmed or final disposition is made.
	S	3	O	>

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Removal 2/3/6 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

	0.5	100	110		BA	LTIMORE CIT	TY HEALTH	DEPARTMENT				1
	H NO. 65	126			CE	RTIFIC	ATE O	F DEATH	Registered No	65	1267	1
1. N.	AME OF DECE	ASED		homas				2. DATE	AND HOUR OF DEAT	тн		
Тур	e or Print)		Willia	ams Am	mons			Feb	ruary 2, 196	5	2:45	A. /
3. P	LACE OF DEA	TH IN BALTIM	ORE, MARYL	AND			A. STAT	L RESIDENCE (V	/here deceased lived. If	institution: reside		mission
F	ULL NAME O	E (If not in	hospital or i	institution	nive street			ryland	-	V2/	101	
H	OSPITAL OR	oddress	or location)						outside city limits, writ	e RURAL ond giv	e township)	
1	13/110/110/1		imore (-	als	Ba.	ltimore				
/		, , ,	Easter				D. STRE	ET ADDRESS	(If rutol, give location)			
		Balt	imore,	Maryl	and 2	1224	11	5 W. Barr	e Street		21201	
s. s	Male	6. RACE White		MARRIED, WIDOWET	NEVER M	ARRIED (Specify)		0 F BIRTH -21-80	9. AGE (In years lost birthdoy)	If Under 1 1 Months Doy	r. If Under	24 Hrs Min,
				B. KIND OF	BUSINESS	OR INDUST	RY 11. BIRTH	IPLACE (State or I	oreign country)	12. CITIZEN	OF	
		vorking life, even latchman		d B	& 0		Vi	rginia			OUNTRY?	
	ATHER'S NAM		110 02 7 0		<u> </u>		14. MOT	HERS MAIDEN	NAME			-
		2						?				
15. \	Vos Deceased	Ever in U. S. A	Armed Forces	1?	1 6. SOCI		17. INFO			AD	DRESS	
(Yes	, no or unkno wni	(If yes, give w	or or dotes o	of service)		RITY NO.		arment, sur	5002	East Pres	ton Str	eet
_	18.				575-7	L1-0892	OF DEATH	. George	Gray Baltin	nore, Md:	EVAL BETWEE	55_
	4 1	X				CAUSE	OF DEATH				EL AND DEV	
		E OR CONDIT		TLY			Pne	eumonia		12 1	Hours	
	(This does n	ol meon the	mode of dy	ying, e.g.,		DUE TO			*************************			
		osthenio, etc. plicotion which										
	A	NTECEDENT	CAUSES			(B)						
	DISEASES O	R CONDITIO	NS, if ony	y, giving		DOF 10						
	iise lo lhe	obove cou CONDITION	se (A) sl			(C)	novadorinam dissorribido mento O est entir est est est est	***********************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************	********
ATION	TO THE DI	FICANT CONDI ATH BUT N	OT RELATE									
ICA	19A. DATE OF	OPERATION T	198. CONDIT	HON FOR	WHICH OF	PERATION	20 A.	AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CO	NSIDERED	
CERTIFIC	0		WAS PERFOR	KMED				No	IN CERTIFYING	CAUSES OF DEA	TH?	
	OR CONTRIBU	TING CAUSI	E OF	21B hom etc.	e, form, f	F INJURY (e.g. octory, street,	office bldg.,	21C. WHERE DID	(If in Boltin	nore City, give ex	oct locotion1	
0	21 D. TIME	(Month) (Doy	Yeor) (Hourl 21E	INJURY	CCURRED		21F. HOW DID	INJURY OCCUR?			
ME	OF INJURY (APPROXI			Wh Wo	ile At	Not W At Wo	hile 🗀					
	22 1	that (1) (this	handani) a			_		9.	19 64 to F	ebruary	2. 10	65
		last saw the			Februs	ary 2,	10	65 and				
				01110 011	*	Y			that in (my) (aur) o	ipinion death a	ccurred an ti	he da
1	and haur and	RE		A		ia) (aid not)	view the	bady after deat	n.	23B. DATE SI	GNED	
			2- 0	nas	6 >	M.D. A	ttending	Med.	Stoff		ary 2, 1	10/1
				- TI - LI LI				Director	Phys. 32			

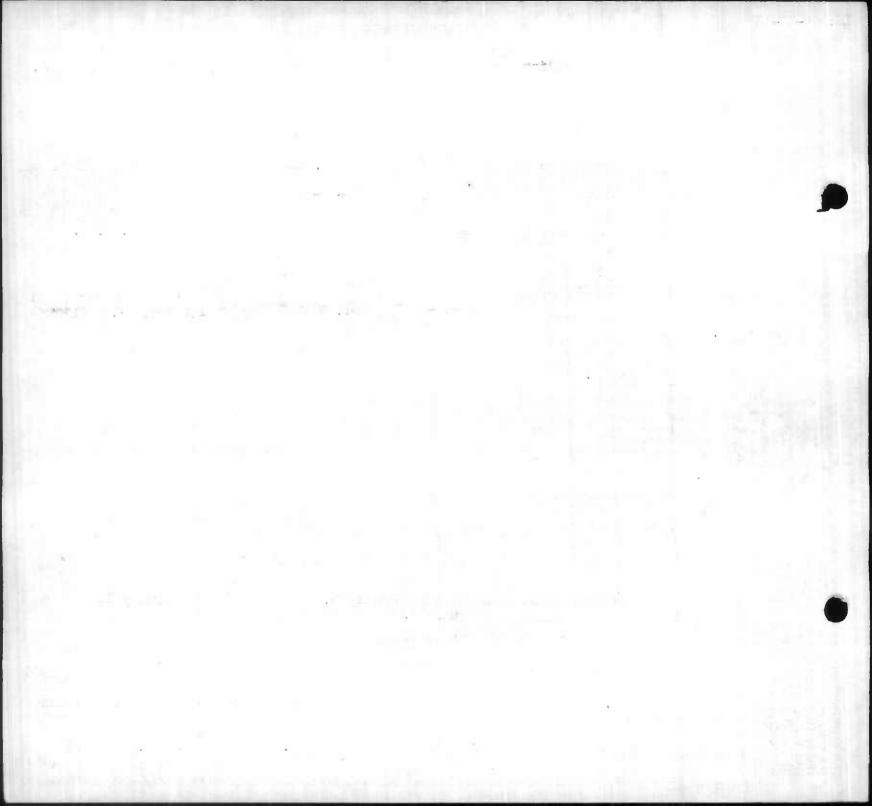
C. Robert Cooke 4940 Eastern Avenue Baltimore, Maryland M.D. (City, town, or county) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Woods Methodist Church Cemt. Chesterfield Co., Virginia

258. NAME OF REGISTRAR

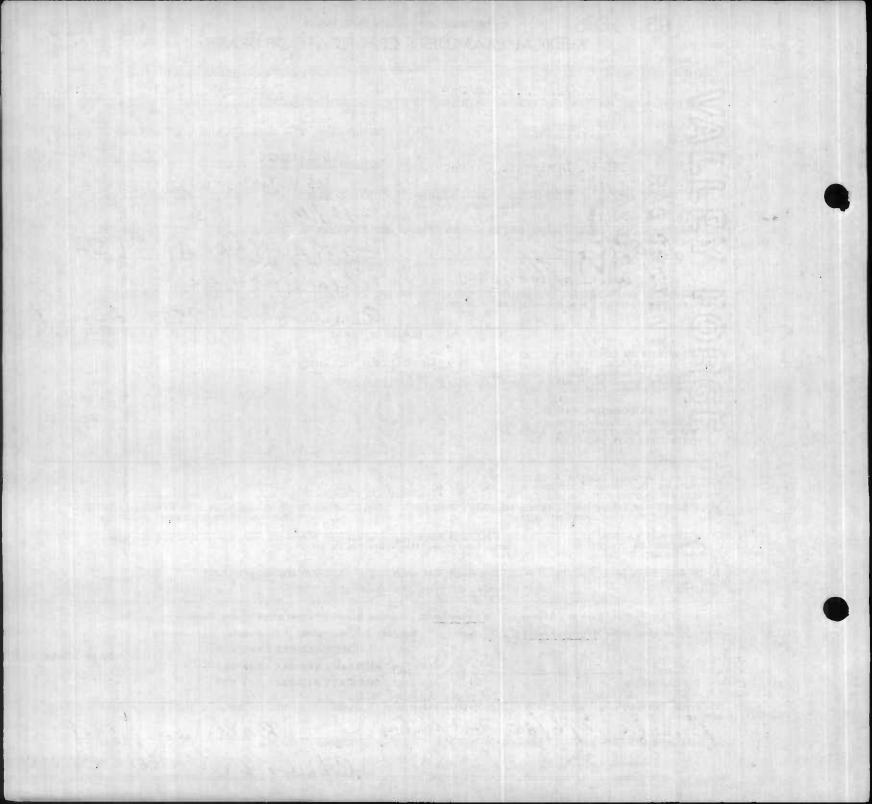
25C. FUNERAL DIRECTOR

Boltimor, met. 17

Wm. 1. Juhner + Sono north + Primary



V\$ 151-REV. 1/1/65



BIRTH NO.	MEDIC	CAL EX	AMINER'S C	ERTIFICATE	OF DEATH Registe	ered No.			
M.E. CASE NO.									
1. NAME OF DECEASED (Type or Print)	EUGENE	1	HARRIS	2. DATE AND HOUR PRONOUNCED DEAD 2-1-65 11:00 A.M					
3. PLACE IN BALTIMORE, MA				4. USUAL RESIDENCE		titutian: residence befare admissiar			
FULL NAME OF (IF NOT	IN HOSPITAL	OR INSTITU	TON, GIVE STREET	Maryland					
HOSPITAL OR ADDRE	S OR LOCATIO	ON)	THOM, OFFE STREET		If outside carparate limits, write	e RURAL and give township)			
N S N O N O N	3 1			Baltimore) -0 /			
27 S. EDE	N STREET			D. STREET ADDRESS	(If rural, give location)				
				27 S. Ede	en Street 21231				
6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months, Doys, Haurs, Min.			
Male Colo	red	1/	pivorCED (specify)	Un Non	in 46	With the state of			
OA. USUAL OCCUPATION (GI		B. KIND OF	BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State		12. CITIZEN OF			
lane during post of working life, e		11	1.	11/10	,	WHAT COUNTRY?			
3. FATHER'S NAME		uu	Ruown	14. MOTHER'S MAJDEN		101,2101			
				111/					
anknon		ORCECT	It social	17. INFORMANT	Low	ADDRESS			
5. WAS DECEASED EVER IN Yes, na arunknawn) (If yes, give			16. SOCIAL SECURITY NO.	17. INFORMANT		ADDK522			
18.			CAUS	E OF DEATH	The state of the s	INTERVAL BETWEEN			
H DISTASS ON CON	I DITION OURS	CTLV				ONSET AND DEATH			
DISEASE OR CON LEADING	TO DEATH	CILY	Dumil	ent bronchopn	eumoni a				
(This daes not meon theart failure, asthenio, e	he made of d	lying, e.g.,	DUE TO	sur oronguopu	IZIVIIINTIA				
injury ar complication w	nich coused de	oth.)							
ANTECEND	NT CALLERS								
DISEASES OR CONDI	TIONS IF AN	Y. GIVING	(B) DUE TO						
RISE TO THE ABOVE C	AUSE (A) STA	TING THE	005 10			Auto Pierro			
UNDERLYING CONDI	HON LASI.		(C)						
0	II								
OTHER SIGNIFICANT OF	ONDITIONS CO	TED TO T							
DISEASE OR CONDITION			WHICH OPERATION	20 A. AUTOPSY? (Yes	ar No) 20B, IF YES, WERE FI	INDINGS CONSIDERED			
0 -	WAS PERFO				IN CERTIFYING CAU	SES OF DEATH?			
21 A. EXTERNAL CAUSE W UNDERLYING OR CONTR	IB-	21 B. hame	PLACE OF INJURY (e.g., , farm, factory, street,	in ar about 21C, WHERE affice bldg., INJURY OCC	E DID (If in Baltimare City, g				
E CONTRACTOR OF THE CONTRACTOR	in.								
OF INJURY (APPROX.)	(Day) (Year)	V	TE. INJURY OCCURRED	WHILE	NO INJURY OCCUR?				
22.		m. v	VORK L AT V	VORK L					
I certify that I				topsy x and the	t on this basis, death in 1	my opinion			
resulted from:	Natural caus	es X A	ccident Suici	de Hamicide	Undetermined mann	er 🗌			
	-	- 1			AL EXAMINER X				
ACTUAL	1/1/	int.	-	ASSISTANT MEDIC		DATE SIGNED			
SIGNATURE	111 -	varia.	М. Г						
EXAMINER'S NAME (Type) F	USSELL S	S. FISH	HER, M.D.	ASSOCIATE MEDIC	AL EXAMINER	2-1-65			
	3B. DATE		C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, tawn, or county) (State)			
REMOVAL (Specify)	4 5 /		/ / 1 ~ 1		B 1.0	a Suel			
Burial	2-3-6	5	nix. Calr		Buskley	n ma			
24A. DATE REC'D BY HEALTH		24B, NAME	A 90 B	24C. FUNERAL DI	RECTOR	ADDRESS			
FEB 4	1965	Or Pres	of E. Sankun.	9 Carles	a. Kice 6.	61 W. Barre 8\$			

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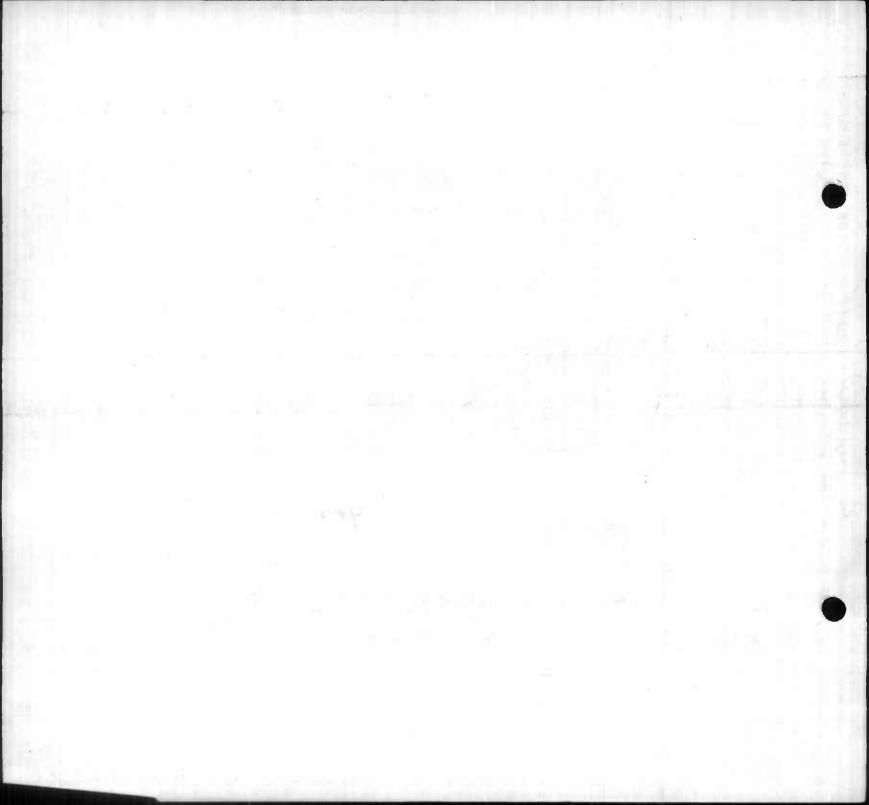
		BALTIMORE CITY	HEALTH DEPARTMENT		CE 4050
	TH NO. 65 1270	CERTIFICA	TE OF DEATH	Registered No.	65 1270
M.	E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
		IALTER A.DA	WIS) Febru	16×1 2 19	65 1:150 W
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	MY SIL TI. DI	4. USUAL RESIDENCE (When	e deceased lived. If i	65 /-/5 a. M
			A. STATE B. COUN	TY	11 0 5
	FULL NAME OF (If not in hospital or institu	ition, give street	Maryland		RURAL ond give township)
	INSTITUTION		R 14 more	iside city limits, write	KOKAL ond give township)
K	Sinai Hospital of Bult	move	D. STREET ADDRESS (III	rural, give location)	
	JIMAI MOSPITAL OF		208 Nor	tley St.	
5	SEX 6. RACE 7. MAI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1 4	M / WID	OWED, DIVORCED (specify)	Jan. 22,1917	iost birthday)	Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10 B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
dor	ne during most of working life, even if retired)		Month Co	rolina	USA
13.	Mechanic FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	034
	David Davis	*	aneda	Batt	tle
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS ST
i i e	(If yes, give war or dates of ser	719-10-344	Ida mas	Davis	708 GRANTLEY
	1B	CAUSE			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	··· Care	brovascular Ace lignant Hyperte	dont	14 hours
	(This does not meon the mode of dying,	e.g., DUE TO	SI VIOCOLV A CC	11/12/11/11/11/11/11/11/11/11/11/11	
	heart faiture, asthenia, etc. It means the dis injury or complication which coused death.)	eose,			1
	ANTECEDENT CAUSES	(B) Ma	lignant Hyperte	nsio~	unknown
	DISEASES OR CONDITIONS, if any,				
	rise to the obove couse (A) stoting				
	UNDERLYING CONDITION last.				
z	11	UZING			
01	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	O THE			
CA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	FINDINGS CONSIDERED
TIE	WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
CERTIFICATION		21B. PLACE OF INJURY (e.g., i			re City, give exact location)
AL	OP CONTRIBUTING CAUSE OF	home, form, foctory, street, o			
U					
AEDI	OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
1	(APPROX.)	While At Work Not While At Work	e 🗀		
	22. I certify that (1) (this hospital) atten	ded the deceased from Fel	bruary 1	19 65 to FE	6ruary 2 1965
	that (1) (we) last saw the deceased alive			at in (my) (auch an	Inian death accurred an the dat
	and haur and from the causes stated abo				
	23A. SIGNATURE	ve. (1) (me) (010) (0.0000000)	riew the bady diter death.		23B, DATE SIGNED
	11 20000	M.D. Atte	ending Med.	Stoff D	2-2-65
	Harry M. Charles	Phy	s. Director	Phys.	2-2-63
	NAME (Type)		23D. ADDRESS		
	Harry M. Charleat	2 M.D.	Jinai Hospital	of Bultimo	~
24.	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			City, town, or county) (State)
	Burial 2/7/65	DAVIS	61	ZINESLAN	Danie.
25	A. DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	0.	661W. Barres
	EEB 4 1965 R.C	we of registrar buy M.A.	charles	a Kiso	661W. Barres
V5	150-REV. 1/1/65		reaction	10-00	

Harry M. Shallet ... Harry M Charletz

Registered No. BIRTH NO. CERTIFICATE OF DEATH h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased Such on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) attendance B. COUNTY A. STAJE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or tocotion) (If outside city limits, write RURAL and give township) 40 27/0 prior D. STREET ADDRESS (If rural, give location) (4) Undetermined in regular is mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year; If Under 24 Hrs. If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) lost birthdoy Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State ar foreign country 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 0 Was the 15. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 0 15. Was Deceased Ever in U. S. Armed Forces ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced 10 INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the made of dying, e.g., FUNERAL DIRECTOR: heart foilure, asthenia, etc. It means the disease, examiner. regular injury or camplication which coused death.) ANTECEDENT CAUSES Gre 4 DISEASES OR CONDITIONS, if any, giving ₹ 3 la the above couse (A) stating the Ξ (except where the physician remains UNDERLYING CONDITION lost. burns; No physician was medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the the chief (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? obtained before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obbut 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examiner) etc. any nature; 21 D. TIME 9 (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? approved OF INJURY Not While While At (APPROX.) At Work and Work 22. I certify that (1) (this hospital) attended the deceased fram pe that (+) (we) last saw the deceased alive an... 19 6 and that in (my) (aur) apinion death accurred an the date of death) hospital the body was released and have and from the causes stated above. (W) (We) (did) (did net) view the body ofter death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff 9 Director approval Phys. 0 23D. ADDRESS prior at NAME (Type) rna was D.O.A. deceased p 240 LOCATION CREMATION. 240. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) shows: HEALTH DEPT. 25A. DATE REC' 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



25B. NAME OF REGISTRAR

A. STATE

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

(Type or Print)

Such

uo

0.0 shows: M dis

25A. DATE REC'D BY HEALTH/DEPT!

VS 150-REV. 1/1/65

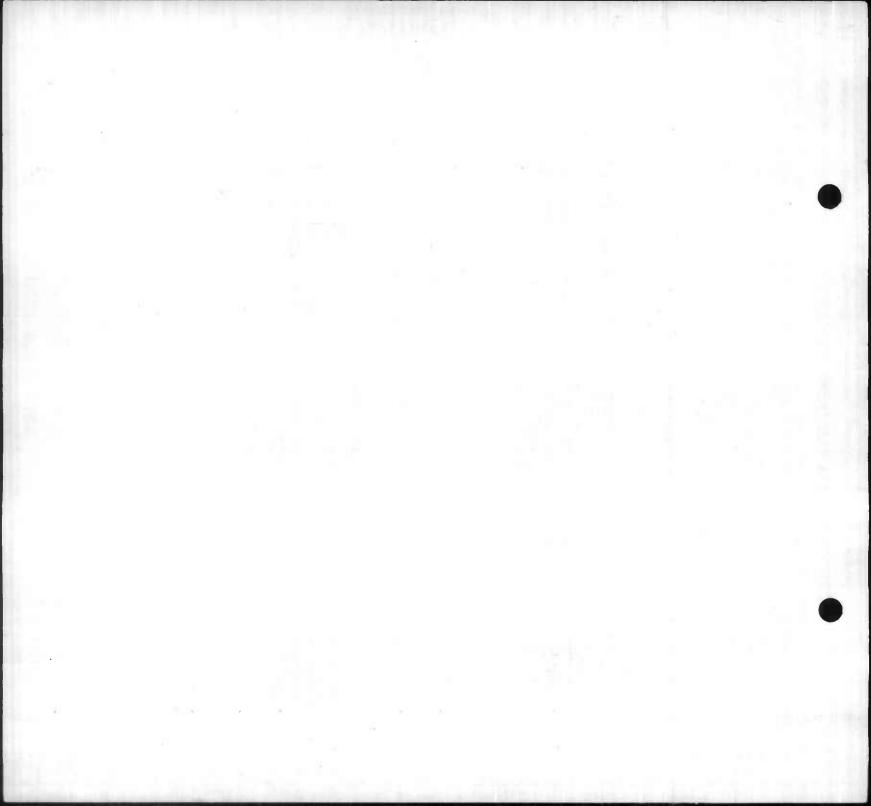
of death

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2, DATE AND HOUR, OF DEATH 2 5 6 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY (If outside city limits, write RURAL and give lownship) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ADMISSION INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact tocotion) and that in (my) (our) opinion death occurred on the date 238. DATE SIGNED HOSPITAL 24D. LOCATION (City, town, or county) (Stote) FUNERAL DIRECTOR ADDRESS



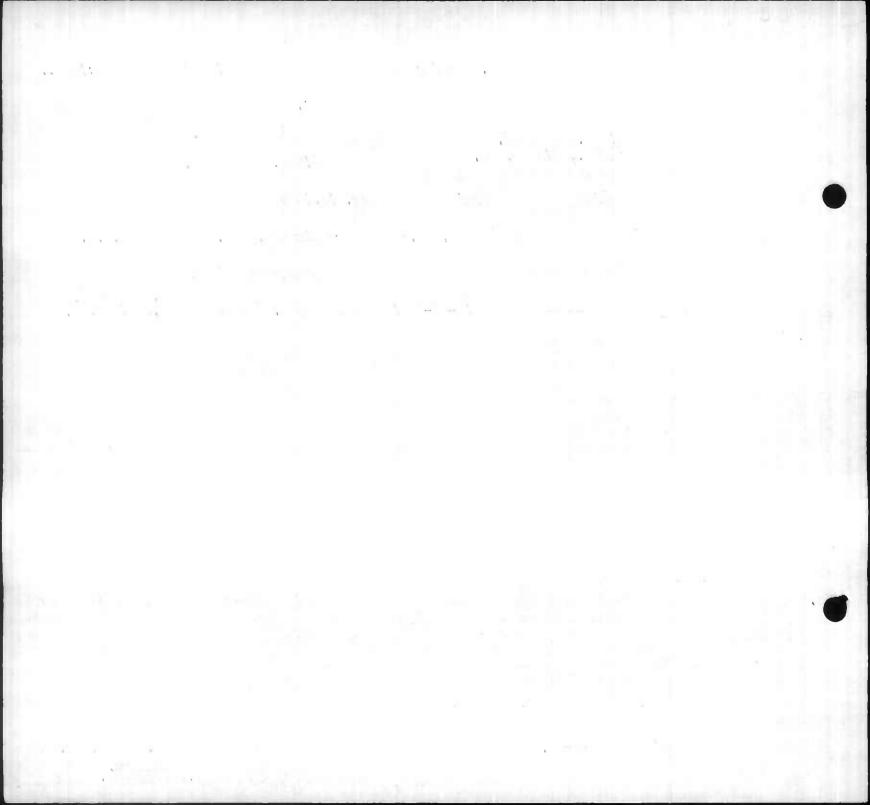
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

05 1000	BALTIMORE CITY	HEALTH DEPARTMENT		0.5	
MRTH NO. 65 1273	CERTIFICA	TE OF DEATH	Registered Na.	65	1273
1. NAME OF DECEASED	c 1	2. DATE AND	HOUR OF DEATH	1/:	25 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	5/	4. USUAL RESIDENCE (Where A, STATE B. COUNT		ion: residence be	fore admission)
FULL NAME OF (If not in haspital ar institution, give HOSPITAL OR oddress or lacation)	street	C. CITY OF TOWN (IF OUTS	and . ide city limits, write RURA	L ond give town	ship)
B		D. STREET ADDRESS (If ru	re #21	230	
South Baltimore Gener	al Hosp.	408 E. (Cross S.	2.	
FEMOLE GILITE 7. MARRIED, NEW WIDOWED, DI	VORCED (specify)	3-14-1883	AGE (In years ost birthday) Mo		Under 24 Hrs.
dane during most of working life, even if retired	THESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	CITIZEN OF	RY?
13. FATHER'S NAME	ñ	14. MOTHER'S MAIDEN NAM	IE &		
Meo 6 XICA	mons		.)		
	SOCIAL SECURITY NO.	17. INFORMANT FAME	4 - 04	ADDRESS M. E	
DISEASE OR CONDITION DIRECTLY	CAUSE OI	DEATH		INTERVAL ONSET AN	
LEADING TO DEATH	(A) (cule mujo	-carehal in	fancty	on
(This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		мини и и о ни о о ни и и и о о о о о о о		ь фоймор <i>пов</i> единення на форенция и по
ANTECEDENT CAUSES	(B)			***************************************	
DISEASES OR CONDITIONS, if any, giving use to the obove cause (A) stating the UNDERLYING CONDITION last.	(C)		9999		
ONDERETING CONDITION Tast.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?	ED
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	CE OF INJURY (e.g., in orm, factory, street, of	ar about 21 C. WHERE DID INJURY OCCUR?	(If in Ba)timare Cit	y, give exact lac	ation)
O ID. TIME (Month) (Day) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.) While A	Not While				
22. I certify that (4) (this hospital) attended the d	eceosed fram	1-30 19	165 10 2	- 3	19 65
that (# (we) last saw the deceased alive an	2-3	19 6 5 and that	t in(my) (our) aplnion	death accurre	d an the date
and hour and fram the causes stated obave. (1) (W	e) (did) (did not) v	iew the bady after death.			
23A. SIGNAFORE Camile (Balacus)	M.D. Atte	nding Med. S	Staff Phys. 4	2-3	-65
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS			
CAMILO G. BALACUIT,	of CEMETERY OF GRE	South Balto. Ger		13 Light	St. (Stote)
REMOVA Specify) 1/6/65	////	leenee	BA111	recet	· ·
FEB 4 1965 P. O. A. E.	FOR DRUPED	25C. FUNERAL DIRECTOR	.130€.	TOAL C	SS
VS 150-REV. 1/1/65	4374307.34				*



VS 150-REV. 1/1/65

			BALTIMORE C	TY HEALTH DEPARTMENT		
BIRTH NO.	65 12	74	CERTIFIC	ATE OF DEATH	Registered Na.	65 1274
M.E. CASE NO					ID HOUR OF DEATH	4.97 2
(Type or Print)		Robert	H. Sauter			
3. PLACE OF	DEATH IN BALTIMO	RE, MARYLAND	, same	4. USUAL RESIDENCE (When	re deceased fived. If is	nstitution: residence before odmission
				A. STATE B. COUN	ITY	2617
FULL NAM HOSPITAL	OR oddress o	hospital or institution for lacation (on, give street	C. CITY OR TOWN (If our	teide city limits write	RUPAL and give township)
INSTITUTIO		M C.		Baltimor		nonat one give township
0	0193	Macon St., 21224,	A . 1		rural, give location)	
	Balto	, 21224,	Md.	619 S. A	lacon St.	
5. SEX	6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	Whi to	WIDO	WED. DIVORCED (specify)	Dag 12 1884	lost birthdoy)	Months Doys Hours Min.
	CCUPATION (Give kir	d of work 108, KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	at of working life, even it		1 (1 (0 100	do d	WHAT COUNTRY?
	Retired	Bau	gh (hem. (o.	Baltimore,	Md.	U.S.A.
13. FATHER'S						
	Henry	Sauter		Margaret A. S	et Reider	
5. Was Dece	osed Ever in U. S. A	med Forces?	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	610	C M ADDRESS
No	, , , , , , , , , , , , , , ,		2/2_05_822/	Manager A	Soutan Roy	to 2/22/ MJ
18,	011 11		CAUSE	OF DEATH	willer Dall	INTERVAL BETWEEN
0	EASE OR CONDITI	ON DIRECTLY				ONSET AND DEATH
	LEADING TO		(chronic melo	enous	years
	s not mean the n		.g., DUE TO	Chronic myelog	1-1-11	
	ure, asthenio, etc. 1 camplication which		se,	120		
	ANTECEDENT C	CAUSES	(B)			
DISEASE	OR CONDITION	IS if any givi	DUE TO			
rise la	the above caus	e (A) sloling				
UNDERL	ING CONDITION	last.				
Z	11	CONTRIBUTE	nu o			
E TO THE	GNIFICANT CONDIT	T RELATED TO				
U 19A DATE	OF OPERATION 1		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OF THE VES WEDE	FINDINGS CONSIDERED
OTHER S TO THE DISEASE 19A. DATE	W	AS PERFORMED	WILLIAM OF EXAMEN	MO IOLZI LIES OL MO	IN CERTIFYING CA	USES OF DEATH?
21A. ACC	IDENT WAS UNDER	LYING	218 PLACE OF INITIRY (a.c.	h, in or about 21 C. WHERE DID	(If in Boltimes	re City, give exact location)
OR CONT	RIBUTING CAUSE	OF -	home, form, foctory, street,	office bldg., INJURY OCCUR?		
0						
OF INJUR		(Year) (Hour)	21E. INJURY OCCURRED While At Not W	21F. HOW DID INJ	URY OCCUR?	
(APPROX)			While At Work Not W	rhile ork		
22, I cer	tify that (1) (this h	ospital) attende	d the deceased fram	6/13	1949 to	1/31/ 1965
	we) lost saw the a					Inion death accurred an the d
					ar m(m), (aar, ap	into a death decorred an the g
23A. SIGN		es stoted obove	• (I) (#e) (ala) (ala nar) view the bady after death.		23 B. DATE SIGNED
23/11/31/01/	1	7 4	M.D.	Attending Med.	Stoff	2/2/65
		Sur		hys. Director	Phy s.	2/2:03
23C.PHYS	CIAN'S E (Type)			23 D. ADDRESS	1 1 h 1	0 14 "
	MARIO	on F	RIEDMAN M.	0. 5211 Han	ford Rd	Baltrane, M
24A. BURIAL	CREMATION, 24B. D	PATE 24C	NAME of CEMETERY of	CREMATORY 24D. L	OCATION (C	ity, town, or county) (State)
0		265	0 1 10	,	OLO T. I	1 01, 6
25A. DATE RE	rial 2-	7-05. Pt. 258. NAM	Parkingd Ceme	deny 33	210 Taylor A	ve. Balto. (o., MD
	EED 4	1965 00	Br. Star Deu Mil	00.000	6224, Cast	ern Aven
	FFD 4	المراول دروا	M 4444	Keharling, year	ir Dalto.,	61264,110.



MEDIC/

21 D. TIME

(APPROXI

VS 150-REV. 1/1/65

OF INJURY

Such

to death.

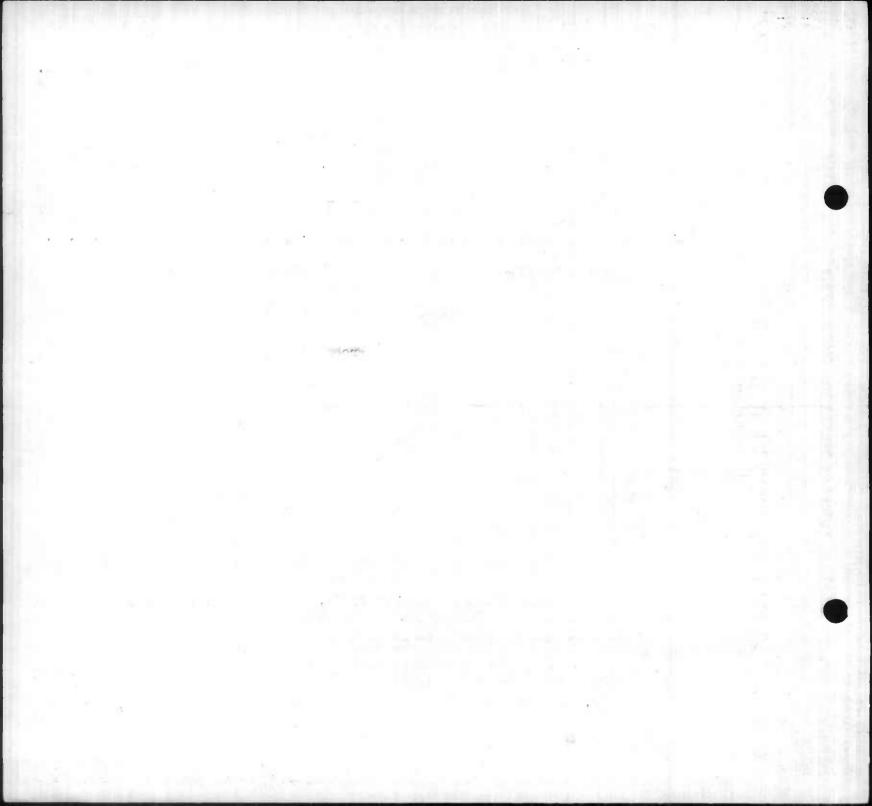
prior

attendance on the

a hospital an

		BALTIMORE CITY	HEALTH DEF	ARTMENT		4/3/4/5
M.E. CASE NO.	1275	CERTIFICA	TE OF		Registered No	65 1275
1. NAME OF DECEA		A			D HOUR OF DEATH	
		mA.Smith		Janua	ry 31, 1965	2:30 A.
FULL NAME OF	(If not in hospital	or institution, give street	4. USUAL REA. STATE Maryle	and B. COUN	π	atitution: residence befare odmission
INSTITUTION		City Hospitals	Baltin		side city limits, write K	URAL ond give township
1		ern Avenue	D. STREET A		urol, give location)	
/		Maryland 21224				1224
5. SEX 6.	RACE	7. MARRIED. NEVER MARRIED	B. DATE OF B		9. AGE (In years	If Under 1 Yr If Under 24 Hr
3/- 3	722 + A	WIDOWED, DIVORCED (specify)	0.70		ost birthdoy)	Months Doys Hours Min.
Male	White	Married	3-19-8		76	
	ATION (Give kind of world rking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIR		BALTO. CITY POLICE	Marval	and RAI	TIMARE	U. S. A.
13. FATHER'S NAME		0/12/0	14. MOTHER	MAIDEN NAM	TIMORE	
	1 C					
	JOHN SI	MITH	3	UZANN	IE BOZN	IAN.
15. Was Deceased E	ver in U. S. Armed For	rces? 16. SOCIAL es of service) SECURITY NO.	17. INFORMA	NT		ADDRESS
NO	7 7 5, 917 6 401 01 001	SECORITINO.	PECODI	ne pett.	1010 F+	103.001
		M19-29-37 40:		w: bon:	4940 Baster	n Avenue #21224
18. 11.2.0	r/ I	CAUSE C	F DEATH			ONSET AND DEATH
	OR CONDITION DI	RECTLY				
LI	ADING TO DEATH	(A)	Probal	ble Myoca	ardial Infar	ction
heart failure, as	mean the made al thenia, etc. It means icalian which caused	the disease,				
	TECEDENT CAUSES					
	CONDITIONS, if					
rise la lhe	above cause (A)		an different description and an electric description as an electric description are service as an electric description and an electric description and an electric description are serviced as a service description are serviced as a service	· 食物 新物 · · · · · · · · · · · · · · · · · ·		
	- 11					
E TO THE DEA	CANT CONDITIONS (TH BUT NOT RELA ONDITION CAUSING	ATED TO THE				
19A. DATE OF C		IDITION FOR WHICH OPERATION	20A. AUTO	Yes or No	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. office bldg., INJU	WHERE DID JRY OCCUR?		City, give exact location)

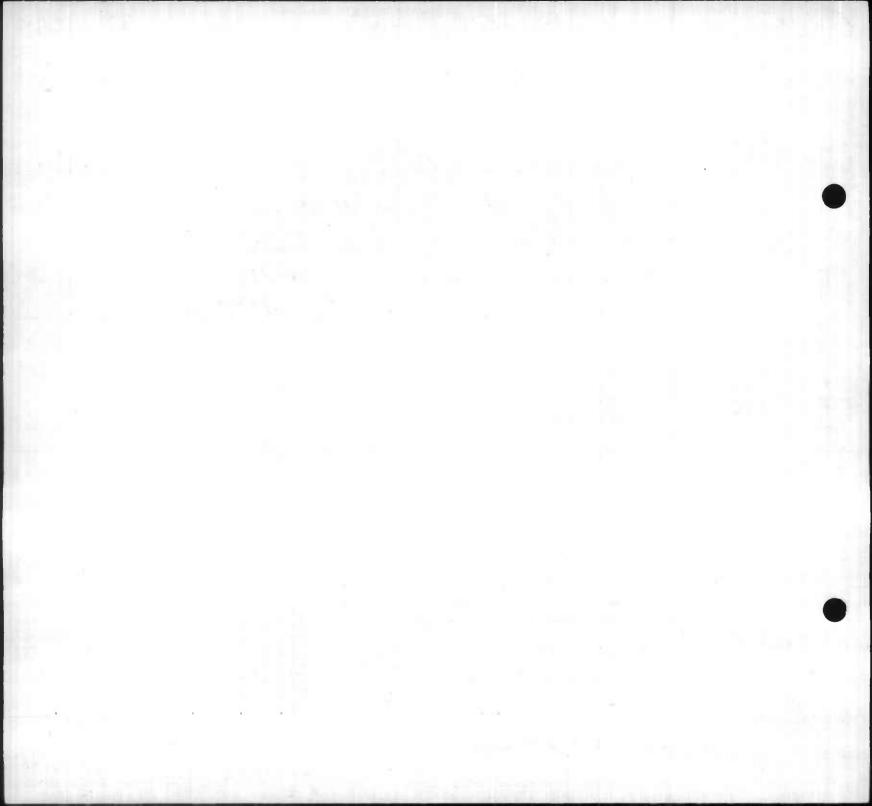
(Yeor) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work While At Work 22. I certify that (I) (this hospital) attended the deceased from January 25, 65 January 65 65 January that (I) (we) lost sow the deceased olive and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURI 23B, DATE SIGNED Attending Phys. Med. Director Stoff Phys. M.D. January 31, 1965 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Richard Lane 4940 Eastern Avenue Baltimore, Maryland M.D BURIAL CREMATION, 24B. 24C. NAME of CEMETERY REMOVAL (Specify) 7225 EASTERN BLVD. 65 65. OAK L CEM. 25C. FUNERAL DIRECTO REC'D BY HEALTH DEPT.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	AF ALA CE	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 45-02312 65	1276 CERTIFICA	TE OF DEATH	Registered No	65 1276
1.1	DAME OF DECEASED	b 1/		D HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	Boy Kenne	14/USUAL RESIDENCE (Who	b. 2. 196	5 3.00 A.M.
	9	0	A STATE B. COUN	ITY	2/1/
	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) NSTITUTION	tion, give street	C. CITY OF TOWN (IV)	Iside city limits, write RL	JRAL and give township)
2	11311011011		13017	more	#2/230
	S. 1 10 1/2 man = 1	2000111100	D. STREET KODRESS' (II	rurol, give location)	1. p11
5. :		RIED, NEVER MARRIED	B. DATE OF BIRTH	19, AGE (In years	If Under 1 Yr. II Under 24 Hrs.
/	Male White WID	OWED, DIVORCED (specify)	2-2-65.	N. R.	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
107	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
uon	Child n	onl	Balto.	md.	W. S. A.
13.	FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
L	Emanuel K	Enned 4	Shir	1E4 Ha	.//
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	rice) 16. SOCIAL / SECURITY NO.	17. INFORMANT	J ,′	ADDRESS
			Mr Emanuel	77) Conne	dy
	18. 77.6 X	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) K	in thirty		
	(This daes not mean the mode of dying, heart foilure, osthenia, etc. It means the dis- injury or complication which coused death.)			9 66 6 6 mm - FERRE II	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, g	iving			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	fhe (C)	81/477777777		***************************************
	11				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
CA	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	N 20R IE VES WERE EN	NDINGS CONSIDERED
CERTIFICATION	O WAS PERFORMED		No.	IN CERTIFYING CAU	SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)		(If in Boltimore	City, give exact location)
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S	(APPROX.)	While At Not While At Work			
	22. I certify that (+) (this hospital) attend	led the deceased from	2 - 2	19 6510	2-2 1965,
	that (時 (we) lost sow the deceased alive	on 2-2	19 6 5 and th	at in (www.) (our) opini	on deoth occurred on the date
	ond hour and from the couses stated above	ve. (1) (We) (did) (did not) v	view the body after death.		
	23A. SIGNATURE	M.D. Atte	ending Med. s. Director	Stoll Phys.	238. DATE SIGNED 2-2-65.
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		00 01 60
	TOTAL	M.D. M.D.	South Balto. Ge	en. Hosp 1	213 Light St.
24/		C. NAME of CEMETERY OF CRE			, town, or county) (State)
7	Burial 2/3/65	Loudon Park	Cem. Bra	Elmiore,	me
25 <i>A</i>	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS ST
15	FEB 4 1965 R.C.	en C' derroco, un	John Jako	wan + San	Inc Hollins
v 3	150-REV. 1/1/65		1		13 md.



VS 150-REV. 1/1/65

BALTIMORE CIT	Y HEALTH DEPARTMENT 65 1277
BIRTH NO. 65 1277 PAZNER CERTIFICA	ATE OF DEATH Registered No.
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Jesush A. PAZNECAS	274 1965 110:30 M
3. PLACE OF DEATH IN BALVIMORE, MARYLAND	4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street Address or location)	C, CITY OR TOWN (If outside city limits, write RORAL and give township)
INSTITUTION	20th Mac
Mileron Hospital	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AG (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF JUSINESS OR INDUSTR)	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF
done-during mast of working life, even if retired) Sales Novelity 13. FATHER'S NAME	Baltimore, Manyland WHAT, COUNTRY?
-adam Parnekas	agatha Kalinauskas
15. Was Deceased Ever in U. S. Arried Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFOGRAANT ADDRESS 2235 - Ave
DR. 2 3 CAUSE C	DF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	oto (one (in)) solution to ix 4 his
heart failure, asthenia, etc. It means the disease, injury a camplication which caused death.)	
ANTECEDENT CAUSES (B)	nedorsine Caello Orano Buse
DISEASES OR CONDITIONS, if any, giving	H .
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, foim, foctory, street, of DEATH (notify medicol exominer)	in or about 21 C. WHERE DID (II in Baltimore City, give exact location)
21D. TIME (Month) (Doy) (Yoot) (Hout) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
22. Insertify that (1) (this hospital) attended the deceased from	Jab 1011 19 65 10 2 406 - 10:30 /19 65.
that (I) (we) last sow the deceased alive on 2 to 2	19 and that in (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23 B. DATE SIGNED
Ph.	lending Med. Stoff Phys. Stoff Phys. 2
23C. PHYSICIAN'S NAME (Type) John Eckholdt . M.D.	23D. ADDRESS Whire Hornital Bookings
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Rurial 2/6/65 Holy Redeemed	a Com. Baltimore, md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR

Cowand for Dic. Holling St.



occurred death IMPORTANI **DIRECTOR:** the chief medical FUNERAL approved by

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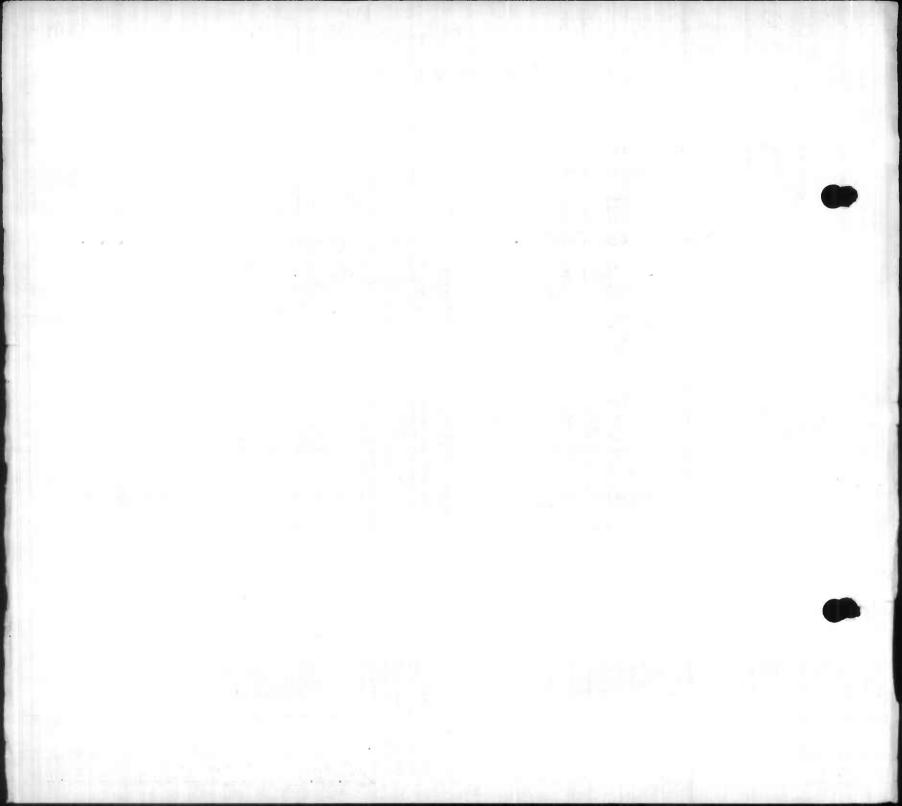
(4) Undetermined cause;

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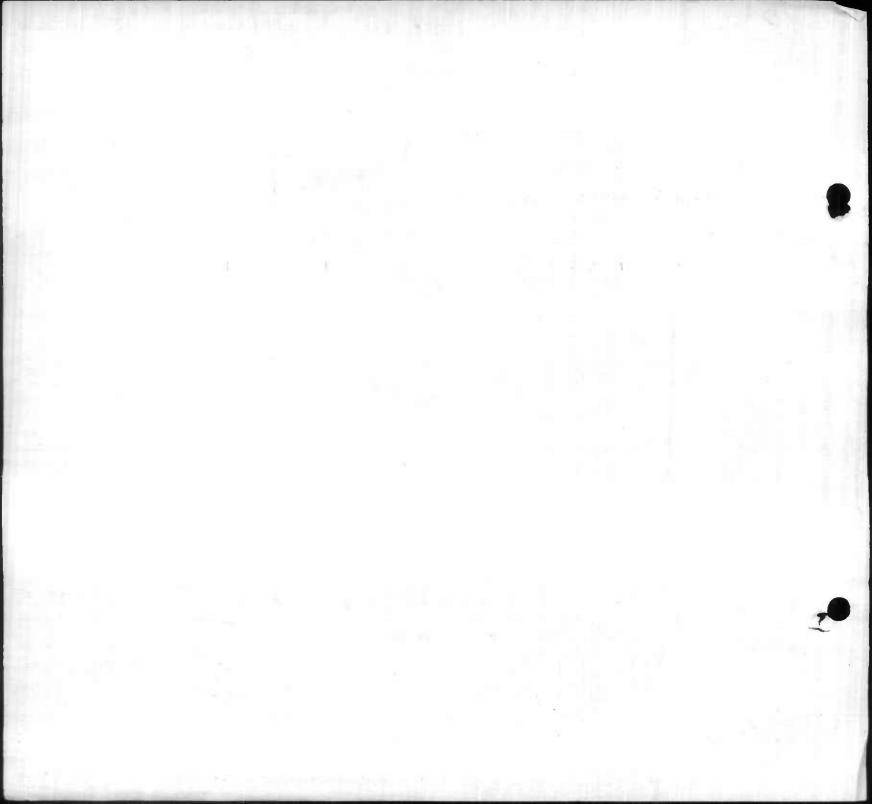
OF

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) FILES 1-30-65 D: 45 PN
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE B. COUNTY FULL NAME OF (If not in hospital or institution, give street Maryland Baltimore
(II outside city limits, write RURAL and give township) HOSPITAL OR oddress or location) C. CITY OR TOWN Baltimore 21204 (If rurol, give location) D. STREET ADDRESS Mercy Hospital 1674 Thetford Road 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. Months: Doys 5. SEX 6. RACE II Under 24 Hrs. lost birthdoyl Hours WIDOWED, DIVORCED (specily) Female White 16, Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Key-Punch Operator Md. State Police Maryland
14. MOTHER'S MAIDEN NAME U.S.A John F. Tennyson

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give wor or dates of service) Olivia C. Callis 6. SOCIAL SECURITY NO. 212-10-3433Miss. Ellen Files 1674 Thetford No ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lesentenc LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram _______19____and that in(my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an... and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Phys. Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specily) Burial 2/2 25A. DATE REC'D BY HEALTH DEPT. /65 Loudon Park Cem. Baltimore Maryland 258. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS Johnson 8 Loch Raven Bl



	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 1279	CERTIFICA	ATE OF DEATH Registered No	- 65 1279
M.E. CASE NO. 11. NAME OF DECEASED (Type or Print)	Kockkey	2. DATE AND HOUR OF DEATH	17:50 P N
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstilution, give street	C. CITY OR TOWN (III outside city limits, write	RURAL and give township)
2 Pahac Stopki	15 HOSD	D. STREET ADDRESS (If rurol, give/locotion)	53-00
3 301113 19	7 9	7807 WILSON	(free
Female White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 100 done during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES SHINGLETON		ELIZABETH HAINES	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates o	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 157 X	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	04. 1. 2. 1 / 114.	J. ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dy		Lord College of he Vice hat or in full de la	
heort foilure, osthenio, etc. It means the injury or complication which coused de			177.00
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DISEASES OR CONDITIONS, if ony			
rise to the obove couse (A) structure of the UNDERLYING CONDITION lost.	oling The (C)		000 000 000 000 000 000 000 000 000 00
11			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING		
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No.) 208. IF YES, WER	CONSTRUCTOR
3 1/25/65 WAS PERFOR	MED /	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF HIJURY (e.g.	In or obout 21 C WHERE DID (If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year)	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S (APPROX)	While At Work At Work		/
22. I certify that ((this hospital) a	ttended the deceased from	7 19 - 5 19 65 10	1/30 1965
that ((we) lost sow the deceased	. /		pinion deoth occurred on the dot
ond hour and from the couses stated	/ 40		
23A. SIGNATURE			238 DATE SIGNED
41. (1)	THE M.D. A	ttending Med. Stoff Phys.	1/30/65
23 C. PHYSICIAN'S NAME (Type)	7AR M.D	23D. ADDRESS CAYIS CALONO K	ins 7/08 D.
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION	City, town, or county) (Stote)
BURIAC 1/2/6	SESENEZE	a. P	War Vo
	B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
FFB 4 1965 (1)	O. of E. Farley M. a	STORY STORY	m & 521 Lorek Por
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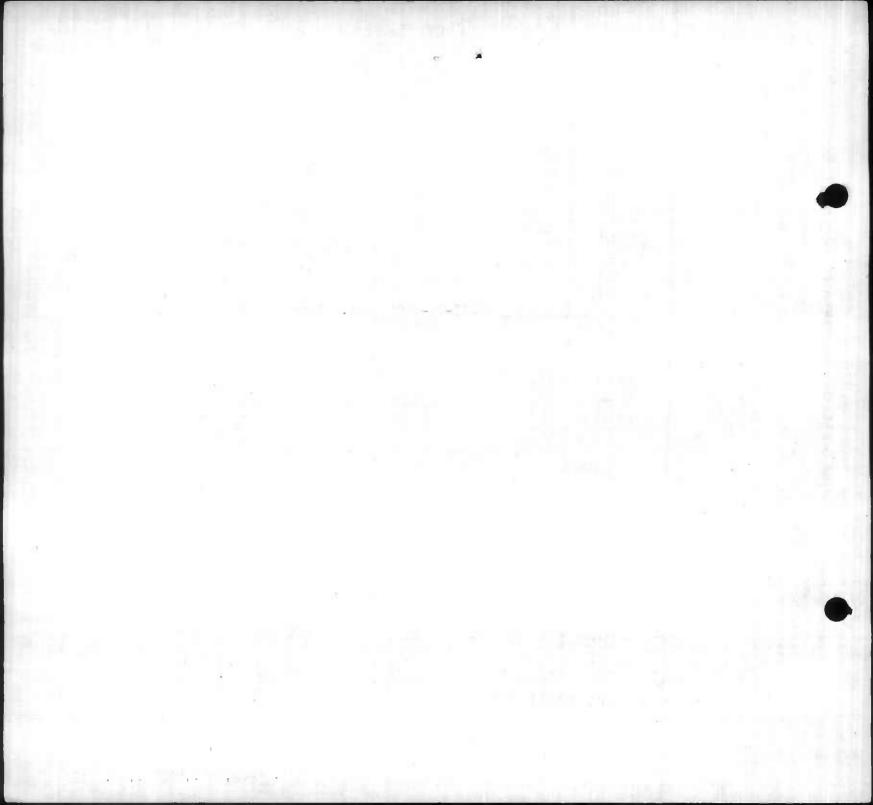


(55 1280		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	5 1280		CERTIFICA	TE OF DEATH	Registered No.	-65 - 1280
NAME OF DE	CEASED			4	D HOUR OF DEATH	1
Type or Print)	LAYFIE	LD, HEN	IRY A.	2-1-6	55 1	0:35P
PLACE OF DE	ATH IN BALTIMORE, M	ARYLAND -		4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution: residence before admission
FULL NAME HOSPITAL OR	OF (If not in hospito oddress or locoti	or institution,	=18-65 give street	MARYLAND C. CITY OR TOWN (IF ou	DALT	RURAL and give township)
Notitution	ST. AGNE	S HOSPI	TAL	BALTIMORE	rurol, give location)	53-00
				123 ROSEWOO	D AVE. #2	28
MALE	6. RACE WHITE	MARR		2-25-92- 1893	9. AGE (In years lost birthdoy) 72 71	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
RETIRE	working life, even if retired)		LVANIA R.R.	11. BIRTHPLACE (Stote or fore) MARYLAND	ign country)	12. CITIZEN OF WHAT COUNTRY?
HENRY A	. Layfeild-	Layfield		14. MOTHERS MAIDEN NAMES SARAH LLOYD	ME	
5. Was Deceased Yes, no or unknow YES	d Ever in U. S. Armed Fo n) (If yes, give wor or do WORLD WA	tes of service)	717-07,7683	ST. AGNES HO	SPITAL RE	WILKENS AVE. #:
1B. 3.3	2 X 1		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION D LEADING TO DEATH not meen the mode of	1	(A) CFP	ABRAL THRO	MP051'5	3 pays
heort failure,	osthenio, etc. II meon mplication which cause	s the disease,				
	ANTECEDENT CAUSE	s	(B) /2)//	OFRTFITT	***************************************	VEDRS
other sign	OR CONDITIONS, if the obave cause (A) G CONDITION last, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	staling the CONTRIBUTING ATED TO TH	(C)			
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19A. DATE O				No		
, OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. hom etc.)	e, form, foctory, street, of	fice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME	(Month) (Doy) (Yeor		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	ile At Work Not While At Work	· 🗆		
22 I consider	that (1) (this hospite	al) estandad si	no deceased from	ANUARY 31	19 65 to FEB	RUARY 1 19 65
) lost sow the deceos		deceosed from	60		
					or in (my) (our) op	inion deoth accurred on the de
23A. SIGNAN		ated obove. (I) (πe) (did) (did nat) v	iew the bady after death.		The BASS NOTES
ZJA. SIUNAD	1/ //11	1011	AA D Aug	nding Mad	Stoll FF	23B, DATE SIGNED
Nu	chard th	ell m.	Phys		Stoff Phys.	2-1-65
PHYSICIANAME (AN'S Type)	1	M D	3D. ADDRESS		#29
4A. BURIAL CRE	MATION, 24B. DATE		ME of CEMETERY of CRE	ST. AGNES HOS	SPITAL : CAT	ON & WILKENS A\ City, town, or county) (Stote)
BURI	1 2/57	165 6	ORRAINE		ALTO, CO	o. Md.
SA. DATE REC'E	EB 4 1965	258. NAME C		25C. FUNERAL DIRECTOR		ADDRESS
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\$ 150-REV. 1/1/	65					

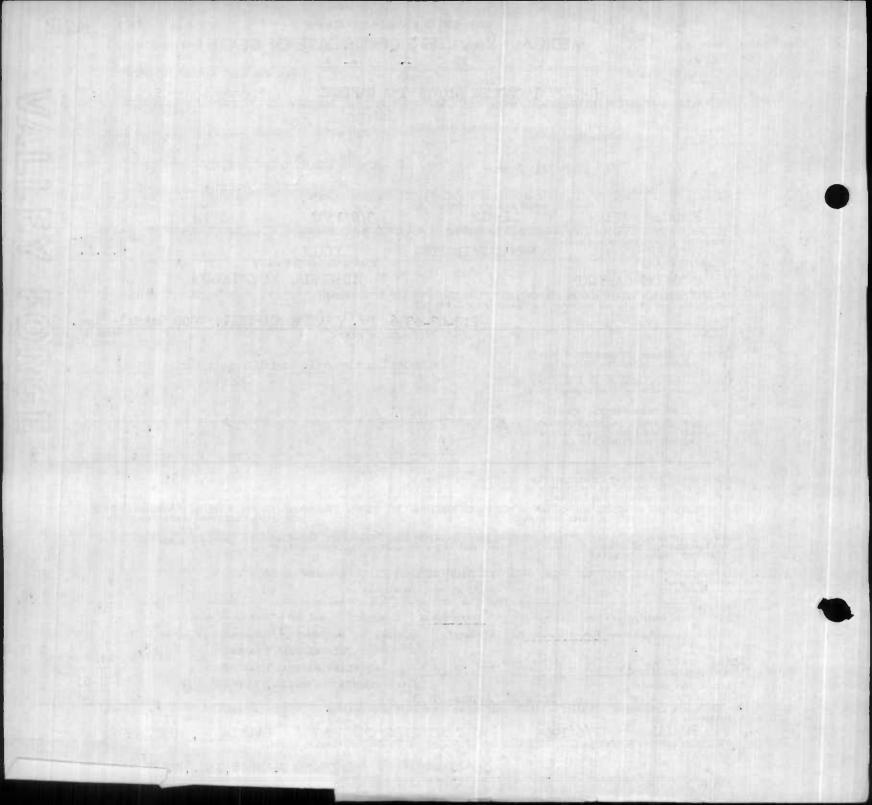
v.s. 153 2-18-65 M.H.

1	53	3 4	1	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	F	S	3	0

1201	BALTIMORE CITY	HEALTH DEPARTMENT		
ыктн но. 65 1281	CERTIFICA	TE OF DEATH	Registered Na.	65 1281
M.E. CASE NO. 1. NAME OF DECEASED	~	2. DATE AN	D HOUR OF DEATH	
1. NAME OF DECEASED (Type or Print) Walter Edward	Bandell SR	, Feb	1 1965	dution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (When	re deceased lived. If instit	lution: residence before odmission)
FULL NAME OF (If not in haspital or instituti	an gwa shoot	MM	2	7-02
HOSPITAL OR address ar lacation)	on, give street	C. CITY OR TOWN (If our	tside city limits, write RUI	RAL and give township)
THIS THE HON		BALTIM	ORE	
& University Hosp	2	D. STREET ADDRESS (III		
01010103) 19 10039		2831 70	rest View.	Ave 21214
	IED, NEVER MARRIED WED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Norths: Days Hours Min.
	narried	9/16/10	5-4	
10A, USUAL OCCUPATION (Give kind of work 10B, KINE dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
	ice Force	Mel		USA
Y C PAIRM AN PO!	(F) OF (E	14. MOTHER'S MAIDEN NA	ME	000
William W Ban	de 11	t 2-11	rive Li	4
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	rive Li	ADDRESS
(Yes, na or unknawn) (If yes, give wor or dotes of servi	SECURITY NO.			
	215-09-3105		larie Bandell.	
18. 420.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	1	, 7//	. 1 1 1 1 1
LEADING TO DEATH (This does not mean the mode of dying,	(A)	140 Caraix1	10-fa-17's,	indestal.
heart failure, asthenia, etc. It means the dise	ose,			
injury or complication which caused death.)	6	rewarn Aut.	disease	MONUME
ANTECEDENT CAUSES	DUE TO	rowary Arte,		(XI.Y
DISEASES OR CONDITIONS, if ony, giver ise to the above cause (A) stating	ing			
UNDERLYING CONDITION lost.	10/ 10000000000000000000000000000000000	₁ 4,8000 00,500 5,500 607 00,500 000 000,500 00 00 600 00,500 00,500 00,500 00,500 00,500 00,500 00,500 00,500 00		
ll l				
O THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
W A COLDENIA WAS HARDEN WAS	loss at AGE GE thillippi	Yes	Arris Buris - C	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY le.g., i home, farm, loctory, street, o	ffice bldg., INJURY OCCUR?	(It in Boltimore C	City, give exact lacation)
DEATH (natify medical examiner)	etc.)			
OF INJURY (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At While At Work			
22. I certify that (1) (this haspital) attended		1 - 1 -	19 to o	2/1/65-19
that (I) (we) last saw the deceased alive		/		an death accurred on the dat
			iat in(my) (dur) apinio	an death accurred on the da
and haur and fram the causes stated abov	e. (1) (WS) (did) (did=not) v	lew the bady ofter death.		
23A. SIGNATURE	T 44 D A11	ending Med.	5	B. DATE SIGNED
I trank Hart min	M.D. Att.	s. Director	Phy s.	9/1/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
I Frank Hartman 11	M.D.	UNIV. H	DAMP)	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
REMOVAL (Specify)	DAITTMODE OFFICE	DATE OF THE PROPERTY OF THE PR	MILIODE MARIE	4.5775
	BALTIMORE CEMETE	EKY BAL	TIMORE, MARYL	ADDRESS
	& E. Farley M.A.			
	M C' MONSOLLIN	LEONAKD J.	RUCK, INC., BAL	TO.,MD. 21214
V\$ 150-REV, 1/1/65				



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BIRTH NO.	MEDI	CAL EX	KAMINER'S CE	ERTIFICAT	E OF	DEATH Registe	ered No	
M.E CASE NO.								
1. NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
	TIMORE MARYLAND, W	HERE PRONO!		4. USUAL RESID	and	ruary 1, 190	titution: residen JNTY	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	Baltin		e carparate limits, write	RURAL ond	give to waship)
	2819 Harvi	ew Aven	ue	D. STREET ADDR	RESS (If rurol,	give locotion) Avenue		
5. SEX Female	6. RACE White		DIVORCED (specify)	3/9/1892		9. AGE (In years lost birthdoy) 72	If Under 1 Months Do	Yr. If Under 24 Hrs
IOA, USUAL OCCI	UPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig		12. CITIZEN WHAT	OF COUNTRY?
RETIRED		MEN.2	TAILORING	ITAL		F	0.	D.A.
	O CAPIZZI					CHIAVAFA		
	(If yes, give wor or date		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
			213-03-6336		INO CAR	PIZZI, 7900		
18.	2.1		CAUSE	OF DEATH				NTERVAL BETWEEN
	SE OR CONDITION DI							
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heart foilure	not meon the mode of , osthenio, etc. It meons mplication which caused	the disease,	DUE TO			disease		
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UNDERLYII	NG CONDITION LAST,	ATING THE						
Z			(C)			•••••		
O TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO 1						
<u> </u>	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY		20 B. IF YES, WERE FI	NDINGS CON SES OF DEAT	I SIDERED H?
O UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, o	n or obout 21C. W	HERE DID	(If in Boltimore City, gi	ve exoct loco	tion)
N 21D TIME	(Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21 F. H.C	W DID INII	JRY OCCUR?		
OF INJURY (APPROX.)	Committee (180)		WHILE AT NOT W		5.5 11131			
22. 1 cer	tify that I held on I	ngulry 🗌	Inspection X Aut	opsy one	that an th	is bosis, deoth In n	ny opinion	
resul	ited from: Naturoi co	uses X	Accident Suicide	Homici-	de 🗌	Undetermined mann	er	
		- 20 /	11	CHIEF MI	EDICAL EX	AMINER		DATE SICHED
SIGNAT		EN	Elaury VO	ASSISTANT MI	EDICAL EX	AMINER &		DATE SIGNED
EXAMIN NAME (VER'S	ohn E	Adams, M.D.	ASSOCIATE M			2.	-2-65
23A, BURIAL CRE	MATION, 238. DATE		C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City	, town, or cou	nty) (Stote)
BURIAI	2/6/196		HOLY REDEEMER				RYLAND	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADI	DRESS
F	EB 4 1965 (Rest	E. Farley M.A	LEONA	RD J. F	MICK INC. BA	LTO.,MD	. 21214
VS 151-REV, 1/1/	65			3.4	0 .			



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cause; attend

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FEEUNAL 4 2,1965 Carl F. Day
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed wed. If institution: residence before admission) Maryland FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) South Baltimore General Hospital Battery Avenue Balto. 30. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. WIDOWED, DIVORCED (specily) lost birthdoy) Male White Married 10/1/98 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Driver Plumbing Balto. Md. US 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME Charles Day Margaret 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na ar unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. 216 05 9681 Mrs. Martha Day 1431 Battery CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 24 days (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED ALSCESS IN CERTIFYING CAUSES OF DEATH? ARIVIC COL 1-15-65 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or effout 21 C. WHERE DID home, Jarm, factory, street, office Bldg., INJURY OCCUR? (If in Boltimare City, give exact lacotion) AL DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Wark 100000000 22. I certify that (X) (this hospital) attended the deceased fram that MD (we) last saw the deceased alive an. and that in (1630) (aur) apintan death occurred an the date and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Stoll Med. M.D. MEVA Phys. Phys. Director 23 C. PHYSICIAN 23D. ADDRESS NAME (Type ESTEBAN FRIERA, M.D. South Balto. Gen. Hosp. - 1213 Light St. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, at county) REMOVAL (Specily) Rurial 2 6 65

Holy Cross 258. NAME OF REGISTRAR

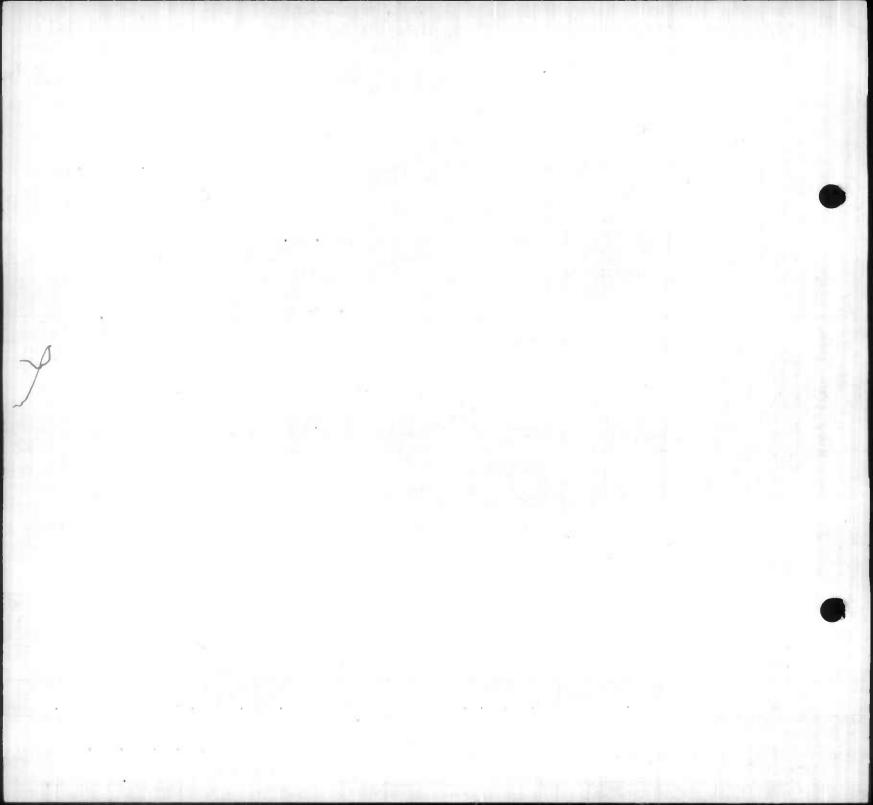
Brooklyn. 25C. FUNERAL DIRECTOR

Mc Cully

130 E. Fort

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.



IMPORTANT DIRECTOR: FUNERAL

BIRTH NO. 65-02864 1284 CERTIFICATE OF DEATH Registered No ... death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased ras in regular attendance on the heceased prior to death. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 2-3-65 BABY BOY CAUDILL 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY MARYLAND C. CITY OR TOWN FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give fownship **INSTITUTION** JOPPA D. STREET ADDRESS (If rurol, give location) THE JOHNS HOPKINS HOSPITAL 258A WHITT ROAD made. 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys WIDOWED, DIVORCED (specify) lost birthdoy 2-2-65 CHILD M 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 3 assistant if PAULINE MELBER MACK F. CAUDILL death 0 kind; 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL or final the (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced CAUSE OF DEATH or his Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., hearl foilure, osthenia, etc. Il means the disease, chief medical examiner ar examiner. injury or complication which coused deoth.) regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, <u>e</u> rise to the obove couse (A) stoling the physician before the remains UNDERLYING CONDITION lost. Was medical burns; ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 3 the 21B. PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Ö 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notify medical examiner) any nature; approved by MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from 10:50 99 that (1) (we) lost sow the deceased alive on... 19 60 and that in(my) (our) opinion death occurred on the date of eath) hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 238, DATE SIGNED must Ö Attending Med. Stoff M.O. 10 Phys. Oirector Phys. approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS certificate prior at An M.D. HOPKINS HOSPITAL THE JOHNS KENNETH L. JONES D.O.A. 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) written shows: CREMATION 2-3-65 MARYLAND JOHNS HOPKINS HOSPITAL BAL 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BALTIMORE 5. Was Ö

BALTIMORE CITY HEALTH DEPARTMENT

5:27 AM

M.

If Under 24 Hrs.

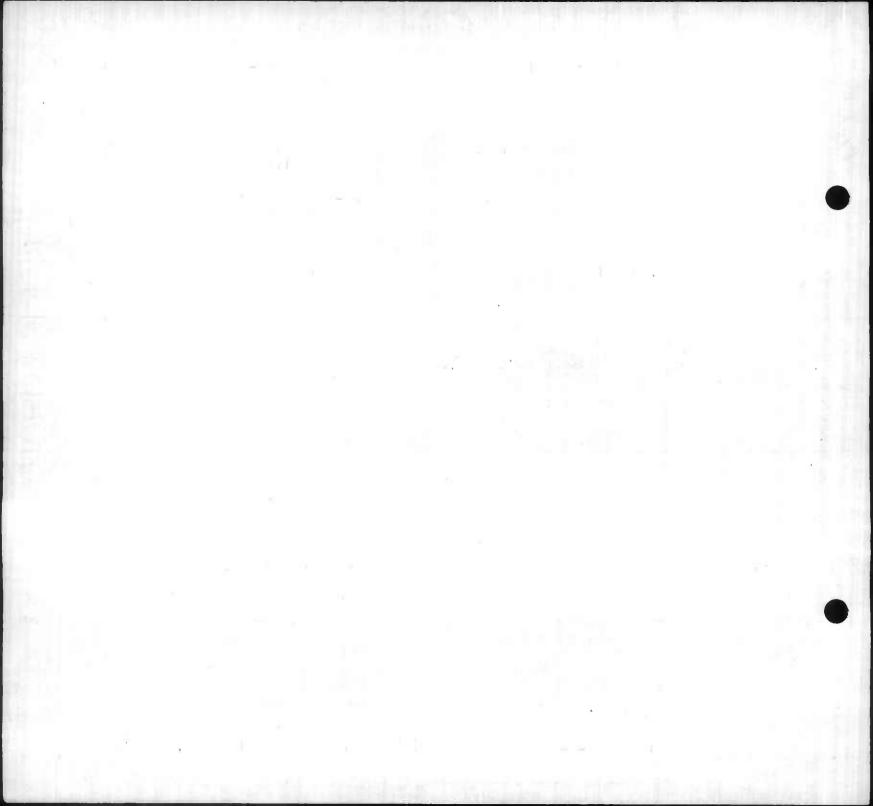
Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

pital and of death Such Deceased uo hospital death. ance (2) Cause cause; attend 0 0 = prior contributing occurred Undetermined regular mad deceased disposition = deat MOS the 4 dire assistant eath O III final attendance any pronounced OF his Also, med of fracture embal examiner regular examiner. who GLO 4 3 physician before the remains chief medical medical MOS burns; physician Body the 0 by the (2) where to the hospital ° nature; obtained 9 approved (except and any pe of eath) hospital the body was released must accident must D 0 approval 0 certificate prior to An O.A. eceased written shows: Ö MOS T

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CalvertCo. md. 65 128 CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) WILLIAM HAWKINS 26 4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR oddress or location) C. CITY OR TOWN (If outsido city limits, write RURAL and give township) INSTITUTION LBORO GIVO D. STREET ADDRESS JOHNS HOPKINS HOSPITAL. S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors If Under 1 Yr. If Undoi 24 Hrs. WIDOWED, DIVORCED (spocify) Hours Months Doys MALE COLORED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIOLA NORMONT. NORMAN HAWKINS 15. Was Decoasod Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yos, give wor or dotos of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DEHYDRATION DIARRHEA (This does not mean the mode of dying, e.g., hearl loiluie, asthenia, etc. Il means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF homo, farm, foctory, stroet, office bldg., INJURY OCCUR? MEDICAL DEATH (notify modical examiner) 21 D. TIME (Month) (Doyl (Youl) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 6 that (1) (me) lost saw the deceased alive an ond that in(my) (opinion death accurred on the date and haur and from the causes stated above. (1), (ME) (did)/(did not) view the body after death. 23 A. SIGNATURE 238, DATE SIGNED Attending M.D. Mod. Stoff Phys. Director PHYSICIAN'S 23D. ADDRESS NAME (Typo) JAMES NGER M.D JOHNS HOSPUTAL THE HOPKINS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify) CREMATION 2-3-65 JOHNS HOPKINS HOSP PITAL BALT BALTIMORE VS 150-REV. 1/1/65



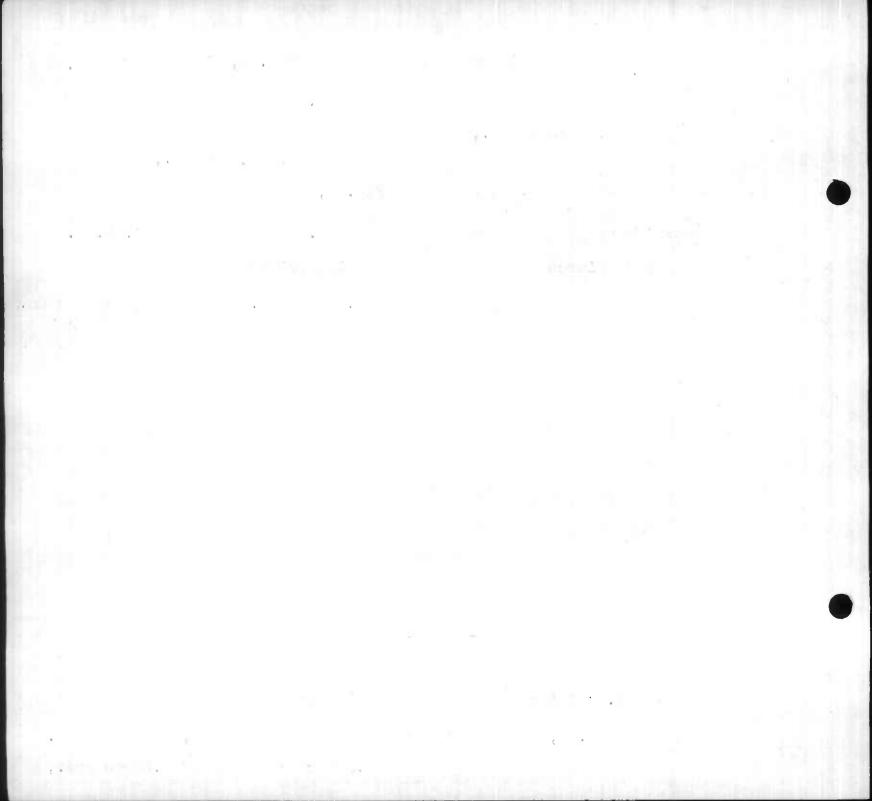
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		BALTIMORE CIT	Y HEALTH DEPARTMENT		05 4000
BIRTH NO. 6	5 1286	CERTIFICA	ATE OF DEATH	Registered No.	65 1286
M.E. CASE NO.	CEACED	0=1(11110)		AND HOUR OF DEATH	
(Type or Print)	Irona May Fi	isher		. 2,1965	1 10 A
3. PLACE OF DE	ATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V	here deceased lived. If in	nstitution: residence before admission)
			Md.)_	1-01
HOSPITAL OR	OF (If not in hospital or institution)	Ition, give street		outside city limits, write	RURAL ond give township)
INSTITUTION	140 W. Hamburg	St.	Baltimo		
	THO H. HAMBULE	50.,		(If rural, give location)	
	and the state of			Hamburg St	• ,
Female	Talle + + o WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH Feb. 15, 1875	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work 10B, KIN working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew			Md.		U. S. A.
13. FATHER'S NA			14. MOTHER'S MAIDEN	NAME	
Emma	nuel Pierce		Alice Trip	olett	
15. Was Deceased	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
no	in the yes, give wor or doles of ser	vice) SECURITY NO.	Mrs.Burdell	H. Shaw 11	40 W. Hamburg St.,
1B. 2 Q	0.00	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIRECTLY		C 1 A 1		ONSET AND DEATH
	LEADING TO DEATH	(A)	Semility		
	not meon the mode of dying, , asthenio, etc. It means the dis				
	mplicotion which coused death.)				
	ANTECEDENT CAUSES	(B)			**************************************
	OR CONDITIONS, if any, goes above couse (A) stating				
	G CONDITION last.	ihe (C)			
-	11				
TO THE D	HEICANT CONDITIONS CONTRIB DEATH BUT NOT RELATED T CONDITION CAUSING IT.	O THE GEM	ución a		2480
PET O	WAS PERFORMED			No. 20B. IF YES, WERE IN CERTIFYING CA	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR	(If in Boltimor	e City, give exact location)
OF INJURY	(Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Not Will At Work			,
22. I certify	y that (I) (this hospital) atten	ded the deceased from /	1946	1910	12/65 19
) last saw the deceased alive	2/2/6	7	that in (my) (aur) apl	nion death accurred on the date
	nd from the causes stated abo				
23A. SIGNATI					23B, DATE SIGNED
2.	S. Kallin		ttending Med.	Stoff Phys.	2/3/65
23C. PHYSICI	ANS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23 D. ADDRESS		11 0 8 11
Edwa	rd S. Kallins	M.C	1 7	he besti, to	45 BY Balk Ked
REMOVAL	(Specify)	4C. NAME of CEMETERY OF C			ity, town, or county) (State)
Burial	Feb. 5,196			Brooklyn,	Md.
25A. DATE REC'D	BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	FEB 4 1965 (1) 0	TE STOCKEN M.D.	d. Howard 2	Proug 2501	W.North Ave.,

1965

FEB

VS 150-REV, 1/1/65



VS 151-REV. 1/1/65

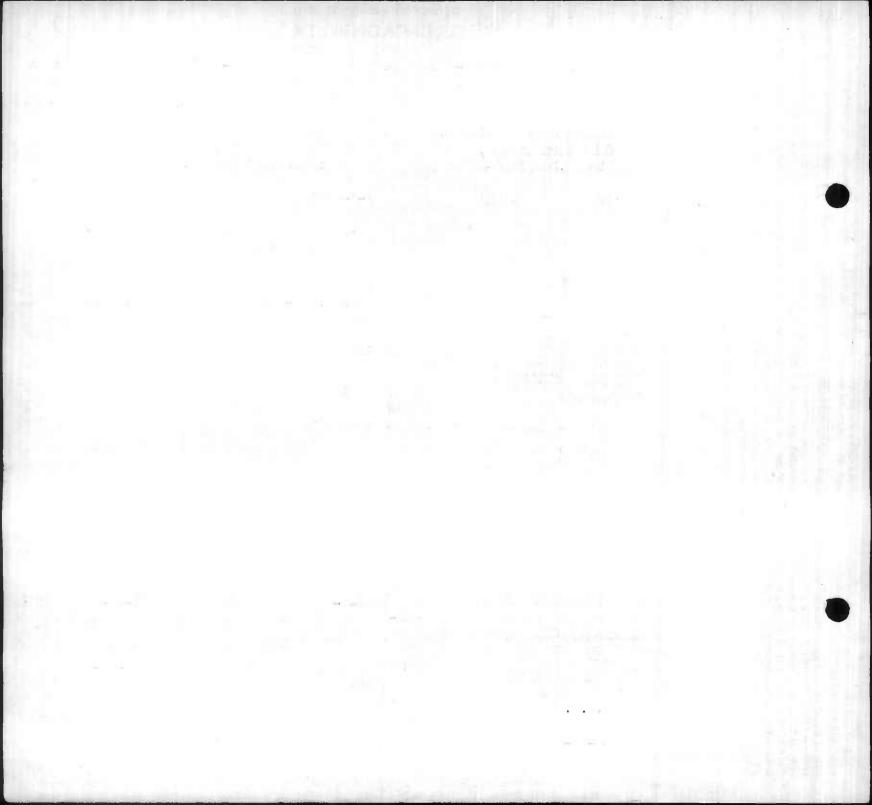
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BIRTH NO.	1288 MED		CAMINER'S CI			DEATH Regist	ered Na	4,000
M.E. CASE NO.								
1. NAME OF DE		, m	TIDMED			HOUR PRONOUNG	CED DEAD	0.75 5
3. PLACE IN BAL	JAMES		URNER UNCED DEAD	4. USUAL RESIDE		4-65 deceosed lived. If in:	stitution: resi	dence belore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT. A DDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET			B. CO		nd give township)
7	MERCY HOSPIT	AL		D. STREET ADDR	ESS (If rurol,) -	0
5. SEX	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED(specify) separated	B. DATE OF BIRTH	Lomba	9. AGE IIn years lost birthdoy	21202 II Under Months	1 Yr. If Under 24 H Doys Hours Mir
IOA. USUAL OCC	UPATION (Give kind of working life, even if retired)		F BUSINESS OR INDUSTRY	444	inia		12. CITIZ WHA	EN OF
13. FATHER'S NA	Unknown			Lucille	IDEN NAM	E		
15. WAS DECEAS (Yes, no or unknow YES	ed EVER IN U.S. ARMED	o FORCES? es of service)	16. SO CIAL SECURITY NO. 228-28-7334	Mrs Mary	E Luc	as 1819 W	Lexing	
(This does heart foilure injury or co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, esthenio, etc. It meeses mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST.	dying, e.g., the disease, death.) ES ANY, GIVING	(A) Cran	iocerebral				INTERVAL BETWEEN
TO THE DISEASE OF	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER	LATED TO T	HE	20 A. AUTOPSY?	(Yes or No)	208. IF YES, WERE F		
O Z EVTERNI	L CAUSE WAS		D	Yes	11505 010	Yes		
UNDERLYING UTING CAI	JSE OF DEATH,	home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, on Street PLE INJURY OCCURRED	ffice bldg., INJURY Wes 21F. HO	t Fall:	Sway and Wa		
(APPROX.)	1 24 16	54:00 PM m.	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE K St.	nek in	head with	hoand	
	rtify that I held an I	nquiry _		opsy X and Hamicia CHIEF ME	that an the	is basis, death In Undetermined man	my opinia	DATE SIGNED
SIGNAT EXAMI NAME	NER'S	W. RIECE	CERT, M.D.	ASSISTANT ME				1-25-65
23A. BURIAL CR REMOVAL (Speci	EMATION, 238 DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (Cit	y, town, or	county) (Stote)
Burial 24A. DATE REC'E	2/5/6	5 248, NAME	Mt. Calvary C	emetry 24C, FUNERA	L DIRECTOR	A County		ADDRESS
NISEL		Robert	E. Farber M.A	Adolph	nus Hal	stead 918	Druid 1	Hill Ave
VS 151-REV. 1/1	/03							

AT THE RESIDENCE OF THE PROPERTY OF THE PROPER Sig- saw line on the column ATTEMPT OF THE PROPERTY OF THE PARTY OF THE The said of the said of the said

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 6

	GF10100	65	128	BALTIMORE	CITY HEALTH	DEPARTMENT		CE	4000
BIRTI	H NO.	00	700	CERTIFIC	CATE OF	DEATH	Registered No	00	1289
1.NA (Type	AME OF DECEASED			ker-Gerald	ine		1-24-19	65	1 4
FI	ULL NAME OF	BALTIMORE, MA		give street	4. USUAL A. STATE Mary	_ B. COUN	re deceased lived. If	institution: residen	fce before odmissio
	OSPITAL OR C	timore C	1)		C. CITY O	r town (If ou imore	tside city limits, write	e RURAL ond give	township)
1	494	O Eastern	a Avenu	9,	D. STREET	ADDRESS (If	al Avenue,	21202	
Fe	EX 6. RAC		7. MARRIED,	NEVER MARRIED D, DIVORCED (specify	8. DATE OF	BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr Months Doys 19	e i House i Adin
	USUAL OCCUPATION during most of working I		10B, KIND O	BUSINESS OR INDU		yland	ign country)	12. CITIZEN C	OF OUNTRY? S.A.
3. F	ATHERS NAME					ers MAIDEN NA. 1dine	ME		
5. W Yes,	Vos Deceosed Ever in no or unknown) (If yes,	U. S. Anned Fore	ces? s of service)	SECURITY NO.	17. INFORM		O Eastern		224
	1600				SE OF DEATH	DF DEATH			RVAL BETWEEN ET AND DEATH
		CONDITION DIR	ECTLY	(A)	Respirato	ry Failur	е	2 d	ays
	(This daes not meo heart failure, astheni)	**************	*******	0 0000 000 000 000 000 000 000 000 000	.,
	injury or complicatio		deoth.)	(B)	Pneumonia				
	DISEASES OR CO	NDITIONS. IF	onv. aivina	DUE TO					
	rise to the obov	e cause (A)		(C)	Prematu	rity	***************************************		0077777777A0077000770007
ATION	OTHER SIGNIFICANT	CONDITIONS C							
	DISEASE OR CONDI	TON CAUSING I	T. DITION FOR	WHICH OPERATION	20A. AU		20B. IF YES, WER		
CC	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medico	CAUSE OF	218 hon etc.	PLACE OF INJURY (e.g., in or obout 21	C. WHERE DID	(If in Boltim	ore City, give exo	
MEDI	21 D. TIME (Month OF INJURY (APPROX.)	(Doy) (Yeor)			While Work	F. HOW DID INJ	URY OCCUR?		
	22. I certify that (I) (this hospital) attended t		1-5-		19 65 ta		- 19 65
1	that (I) (we) last so	aw the decease	d alive an	1-2	4- 19	65 and th	at in(my) (aur) a	pinian death ac	curred an the d
-	and haur and from 1	the causes stat	ed abave. (l) (We) (did) (dfd n	at) view the ba	dy after death.		23 B, DATE SIG	CNED
	Yu	Kle	rei	M.D.	Attending Phys.	Med. Director	Stoff Phys.		4-1965
	23C.PHYSICIAN'S NAME (Type)	Dr.S.W.Kl	ein	,	23D. ADDRE		enue, Baltim	ore,Maryl	and
24A.	REMOVAL (Specify)			AME of CEMETERY o	CREMATORY			City, town, or cou	unty) (Stote)
25A	Cremated DATE REC'D BY HEA	1-26-19		timore City		ls Bai	ltimore, Mar	-	DDBESS
ZJM.	FEB	4 1965		E. Farbey.		THERME DIRECTOR		A	ADDRESS
VS 1	50-REV. 1/1/65		72			1	1		



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	death
	#
IMPORTANT	or his assistant
P	nis
2	0.
UNERAL DIRECTOR:	e chief medical examiner or his assistant if death
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AL E	medical
NER	hief
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be approved by th

certificate

hospital

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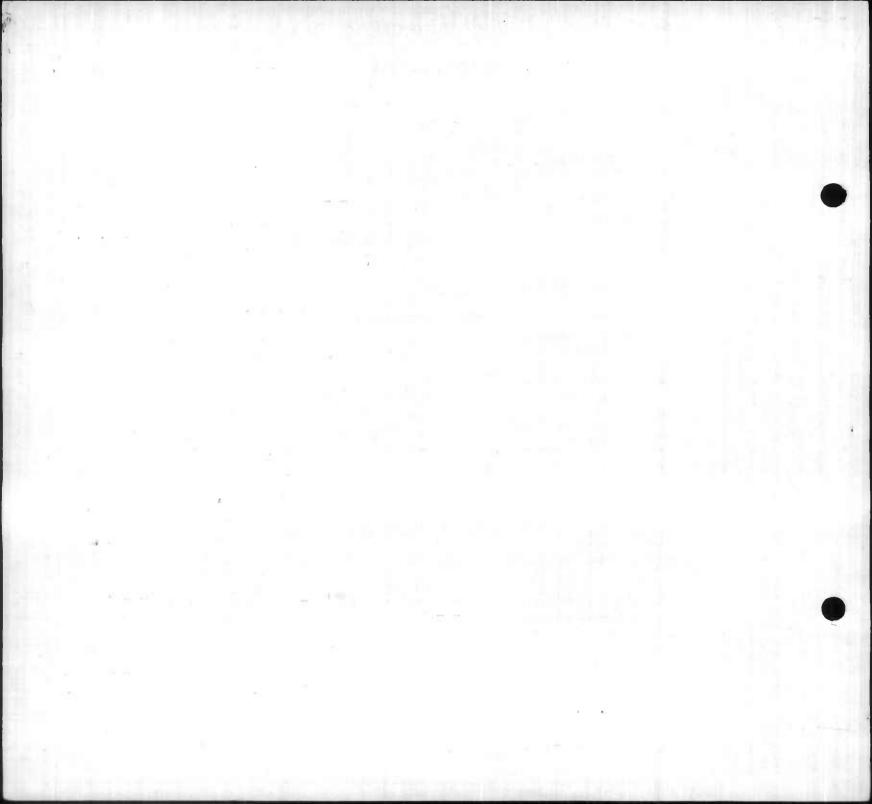
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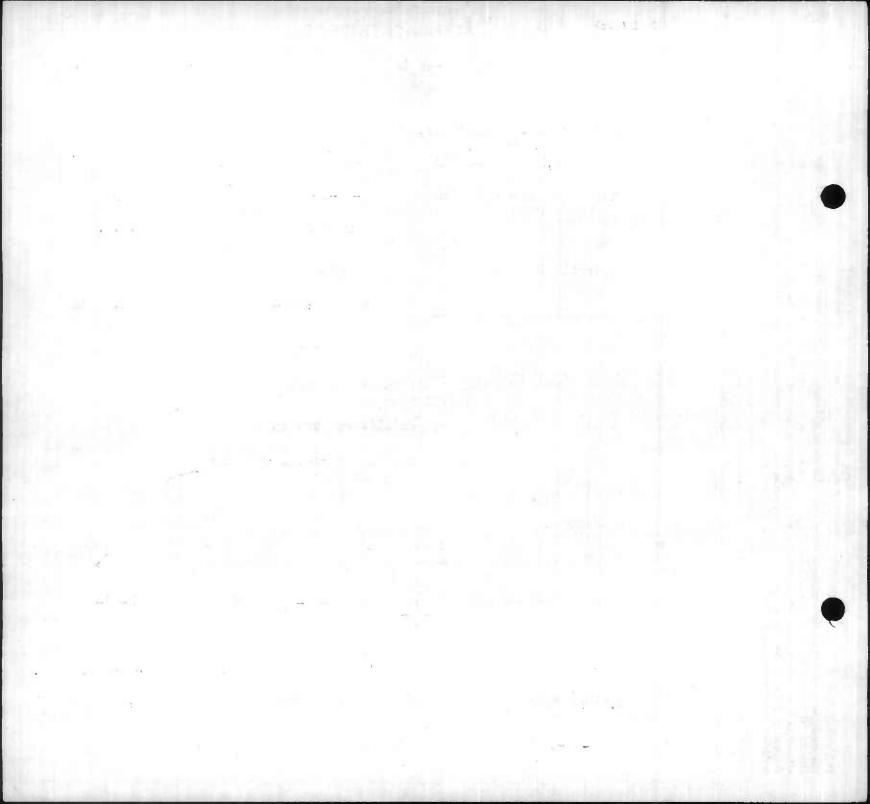
BIRTH NO. 65-00284 CERTIFICATE OF DEATH Registered Na. Deceased ce on the death Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Willis, Baby Girl, Atlanta 1-8-65 9:00 P. death. of 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before gamission) ance B. COUNTY cause Jse; (5) (If not in hospital or institution, give street FULL NAME OF Maryland city or town HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township. canse; attend Baltimore City Hospitals Baltimore prior 4940 Eastern Avenue contributing D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21224 6 (4) Undetermined 436 East 22nd. Street in regular is mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdov) 1-8-65 Female Negro Single 1-8-65

10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Single 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if refired) U. S. A. MOS Maryland the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME kind; death On 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance RECORDS: B.C.H. 4940 Eastern Avenue fracture of any pronounced INTERVAL BETWEEN 10 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH Cerebral Anoxia (This does not mean the made of dying, e.g., gular heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.) regul Prematurity who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, il any, giving (3) rise to the above cause (A) staling the physician remains UNDERLYING CONDITION last. Was burns; П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body before the 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? where the WAS PERFORMED Yes by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) to the hospital å MEDICAL DEATH (notify medical examined) etc.) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) pup Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 65 19 65 65 death); 99 that (I) (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred on the date of a hospital the body was released must and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. 0 Phys. written approval Director 23C. PHYSICIAN'S 23 D. ADDRESS prior to NAME (Type) An Dr. S. Wayne Klein M.D. 4940 Eastern Avenue D.O.A. Ξ 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) shows: 1-15-1965 Baltimore
DEPT. 258. NAME OF REGISTRAN Baltimore City Hospitals Baltimore, Maryland Cremated 1-1
25A. DATE REC'D BY HEALTH DEPT. Was 25C. FUNERAL DIRECTOR ADDRESS P VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



			P	BALTIMORE CITY	HEALTH DEPARTMENT		05 1001
BIR	TH NO. 65	-01110 6	5 12	91 CERTIFICA	TE OF DEATH	Registered No	65 1291
	E. CASE NO.					ND HOUR OF DEATH	The state of the last
(Ту	pe or Print)	Baby		urgess-Jante		1-23-196	
	FULL NAME OF	TH IN BALTIMORE, MA		nive street	A. STATE Maryland		itution: residence before admission)
	HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If o	utside city limits, write RU	IRAL and give township)
1		Baltimore			Baltimore		53-00
		4940 Easte				I rural, give location)	
	SEX	Baltimore,		NEVER MARRIED	7509 Lange S	treet,21224	If Under 1 Yr. If Under 24 Hrs.
F	Female	White	Never	D. DIVORCED (specily) Married	1-20-1965		Months Doys Haurs Min.
		JPATION (Give kind of work varking lile, even if retired)	IOB. KIND O	F BUSINESS OR INDUSTRY	Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	AME	1
		Carroll	Burgess		Janie		
15.	Was Deceased	Ever in U. S. Armed For	cos?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	of the total	ur yes, give war ar are	of services	SECORITI NO.	Records: BCH-4	940 Eastern A	venue,21224
	18. 76 1	,0 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION OF	RECTLY	70 4	A 10 . 4.7		
	The second second	al mean the made of	dvina. e.a.	(A) Res pi	iratory Failure		3 days
	heart failure,	asthenia, etc. It means plication which caused	the disease		arda Aanhameta		
		NTECEDENT CAUSES		(B)	oxia Asphyxia)	88004×6×7000000000000000000000000000000000
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO			
	rise to the	obave cause (A) CONDITION last,		(C) Unde	livered Breech		
		11	<u> </u>	Nother her 1	Danan Tanta Taha	m madma	
ATION	OTHER SIGNII	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO TH		Paraplegia, Labo not felt	r pains	
ERTIFIC		OPERATION 198. CON WAS PER		WHICH OPERATION	Yes	10) 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
O	OR CONTRIBU	THE CAUSE OF		B. PLACE OF INJURY (e.g., in me, form, factory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
CAL	DEATH (notify	medical examiner	etc				
MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
>	(APPROX)		W	hile At Not While At Work	•		· d
	22. I certify	that (1) (this hospito	l) ottended t	the deceased from	1-20-	19 65 to	1-23- 1965
	that (I) (we)	last sow the decease	ed olive on.	1-23-	19 65 and t	hat in(my) (our) apini	on death occurred on the date
	ond haur ond	from the couses sta	ted above. (1) (We) (did) (did not) v	iew the body ofter death	•	
	23A. SIGNATU	RE	1-		164		23B. DATE SIGNED
	26	Jayre,	/ Clé	Phy		Stoff Phys.	1-23-1965
	PHYSICIA NAME (T)	S.Wayne KJ	lein	M.D.	4940 Eastern	Avenue, Baltim	ore, Maryland
24/	A. BURIAL CREA	MATION, 248. DATE		AME of CEMETERY OF CRE			, town, or county) (State)
C	remated	1-26-1	965 B	altimore City	Hospitale R	altimore,Mary	land
		BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	F	EB 4 1965	Robert	JE. Jayley M.A.	11000)	
VS	150-REV. 1/1/6	5					



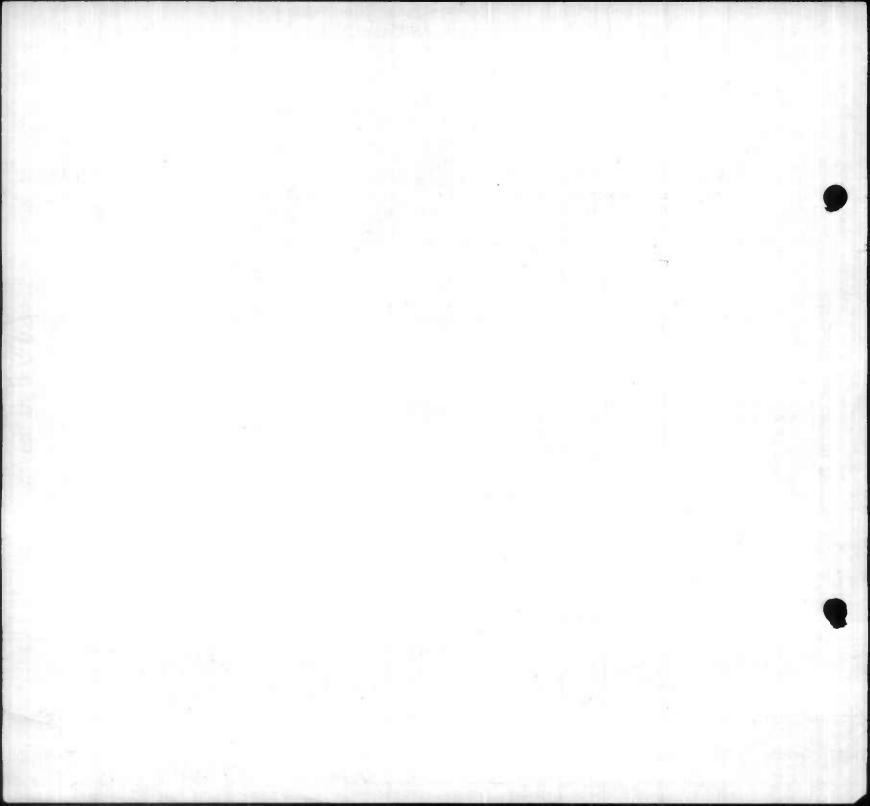
VS 150-REV. 1/1/65

Such

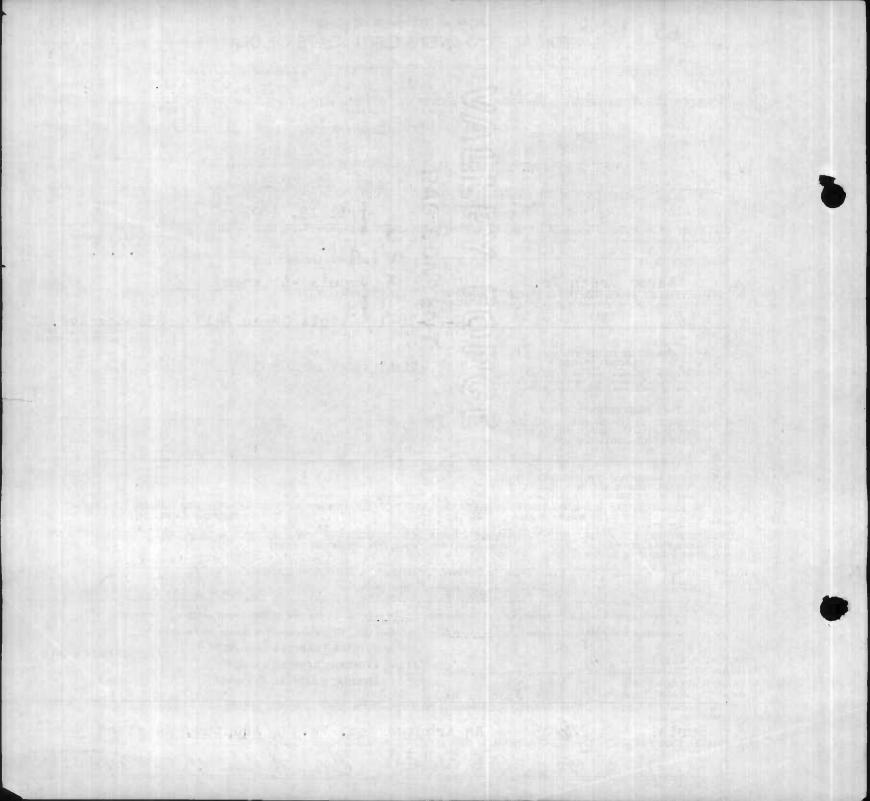
death.

	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO. 65 1292	CERTIFICA	TE OF DEATH Registered No.	65 1292		
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEATH			
The second secon	VELCH	FEB. 2, 1965 11:35 Pm.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If in A, STATE 8. COUNTY	stitution: residence before admission)		
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	tion, give street	MARYLAND C. CITY OR TOWN (If outside city limits, write I	RURAL ond give township)		
D CHURCH HOME & HO	SPITAL	BALTIMORE	<u> </u>		
BALTIMORE 31.	MARYLAND	D. STREET ADDRESS (If rurol, give locotion)	r.		
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.		
4 47 4 1 1 0 1 1 1 1 1 1 1 1 1	OWED, DIVORCED (specify)	SEPT. 19, 1913 lost birthday	Months Doys Hours Min.		
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		
WEMPLO YE. D	Approximate	VIRGINA	11.5 A		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
BROOKS THOMA	S	GROSECLOSE MA	RTHA		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
7,5, 9,7	229-46-8019	Hospt Record			
18. / 7 / ×	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C kin	CHAMI CERUIY STAGE	V 5 Uhr		
(This does not mean the mode of dying,	e.g., DUE TO	CINOMA, CERVIX, STAGE	2 4rs.		
heart failure, asthenia, etc. It means the disc injury as camplication which coused death.)	ease,				
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if ony, gi	DUE TO				
uise to the above couse (A) stating UNDERLYING CONDITION lost.			10 September 18 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
II.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	: City, give exoct locotion)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)	While At Not While Work At Work	е			
22. I certify that (1) (this hospital) attend		200. 12 1964 to FE	B. 2 1965,		
that (1) (we) last saw the deceased alive		19 6 5 and that in(my) (aur) apl			
and haur and fram the couses stated above					
23A. SIGNATURE	_		23 B. DATE SIGNED		
manuel y.	Phy		Feb. 2, 1965		
23 C. PHYSICIAN'S NAME (Type) MANUEL J.	TAN M.D.	CHURCH HOME & H	OSPITAL		
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION (Ci	ty, town, or county) (State)		

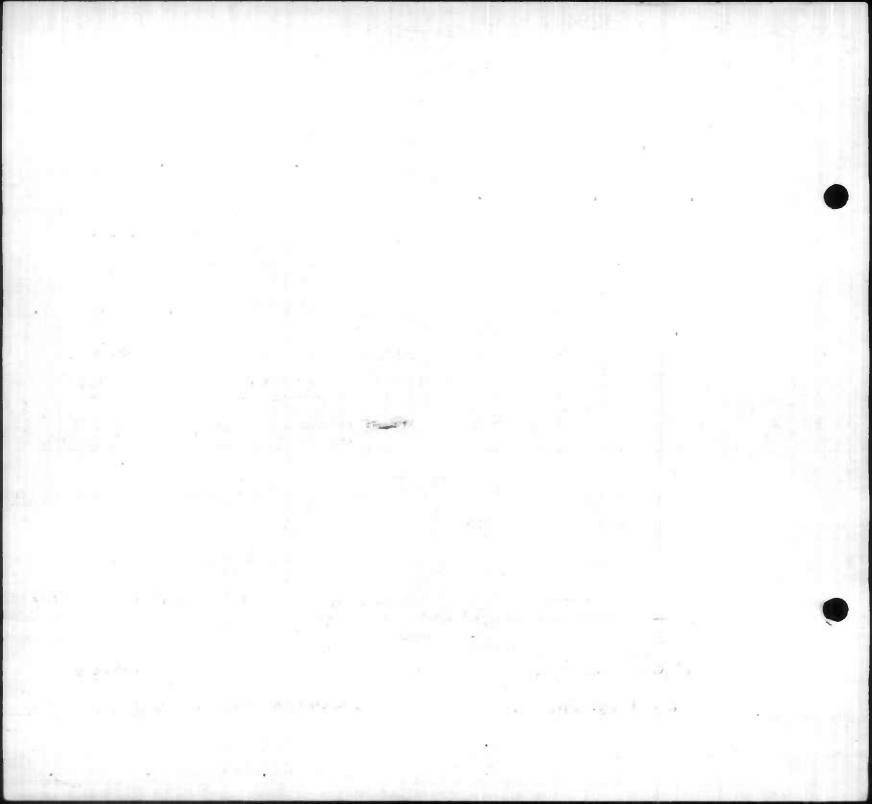
4 GROSECIOSE TO SB. NAME OF REGISTRAR Dub & Farburn BURIAL Feb ? 25A. DATE REC'D BY HEALTH DEPT. 50. FUNERAL DIRECTOR ADDRESS



	65	1293		BALTIMORE CITY HEA	ALTH DEPARTMENT		65	1293
IRI	TH NO.	MED	ICAL EX	CAMINER'S	CERTIFICATE	OF DEATH Regis	rered Na	
	E. CASE NO.	ACED			[0.6	DATE AND HOUR PRONOUN	CED DEAD	MARKET LA
ťγ	NAME OF DECE	AAD	NI ODERNI		2. 1			7.20 4
. P	LACE IN SALTIA	AAK(ON GREEN	INCED DEAD	4. USUAL RESIDENC	February 2, 19		7:30 A M.
	EACE III VALIII	violed Winkinskins, v	VIIEKE I KONOC	NICED DEND	A. STATE Mary	R CC	YTNUC	
UL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TON, GIVE STREET		(If outside corporate limits, wr	ite RURAL ond give	township)
NS	TITUTION				Balt:	imore	13-1	3-3
		UNION MEN	MORTAT, H	OSPITAL.		(If rurol, give location)	10	
		ON LON ILLI	TOTCLE II			Woodbrook Avenu	10	
. S	EX 6	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr.	If Under 24 Hrs.
	Male	Negro	WIDOWED, I	OIVORCED (specify)	April 13	, 1892 lost birthdoy	Months, Doys	Hours Min.
0.4	USUAL OCCUP	ATION (Give kind of wo			RY 11. BIRTHPLACE (Slote		12. CITIZEN OF	
		orking life, even if retired)			Va.		WHAT COL	UNTRY?
3. 1	FATHER'S NAME				14. MOTHER'S MAID	EN NAME	U.S.A	•
	1000	n Gnan T	_		Townson	3-7.7 -1		
5.1		on Green J		16. SO CIAL	Jennie (allanam	ADDRESS	
		If yes, give wor or dot		SECURITY NO.				
	No			215-24-18		Green 2413 W		
	18. 8 9	4,61		CAUS	SE OF DEATH			ET AND DEATH
	DISEASE	OR CONDITION D	RECTLY					
				(A) Cra	niocerebral	injury		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	heart failure, a	t meon the mode on the sthenio, etc. It meon plicotion which coused	s the diseose, deoth.)					
	4.50	ITECENDENT CAUS	r.c					
		R CONDITIONS, IF		(B)DUE TO		00-0		
	RISE TO THE	ABOVE CAUSE (A)	STATING THE	501 10				
Z	ONDERENING	CONDINON LASI.		(C)	~~~~~~~~~~~	~**************************************		******
OF		II						
δ.		FICANT CONDITIONS						
三	DISEASE OR	CONDITION CAUSIN	G IT.		***************************************			
CER	19A. DATE OF	OPERATION 198. CO	NDITION FOR Y	Increased		es or No. 20B. IF YES, WERE IN CERTIFYING CA		ERED
j	2-1-63)			Yes		37	
	21 A. EXTERNAL UNDERLYING XX	OR CONTRIB-	21 B. home	form, foctory, street,	office bldg, INJURY O	RE DID (If in 8oltimore City, CCUR?	give exoct location)	
	UTING CAUSE	E OF DEATH.	etc.)	club	Women	n's club of Rola	and Park	
Σ	21 D TIME	(Month) (Doy) (Ye	or) (Hour) 2	IE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR? App	arently fe	11 while
	(APPROX.)	2 1 65	A. m. V	VHILE AT NOT	WHILE show	veling snow at w	work /	-14
	22.	fy that I hold an	Inquiev 🗆	Inspection 🗌 🛕		at an this basis, death in	my spinion	
	resulte	ed fram: Natural co	uses A	ccident 42 Suici	de Hamicide		ner	
	ACTUAL	(11. 3	11-0			CAL EXAMINER	DA	TE SIGNED
	SIGNATU	/	11500	M.	D. ASSISTANT MEDI		2-2-	65
	EXAMINE		Tohm	E Adama M		ICAL EXAMINER	2-2-	00
23,4	NAME (T)			E. Adams, M		23 D. LOCATION (Ci	ty, lown, or county)	(Stote)
	MOVAL (Specify)	- 16	1 -	men .				
	Burial	2/6/	65	AM Arbutus			Maryland	00
4 /	A. DATE REC'D 8	HEALIH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR	ADDRE	33
V	856.0F	EB 4 1965	(Relie to	E. Jarber M.A.	Survey	A. Kelson 134	371. Cals	horm St
			444					



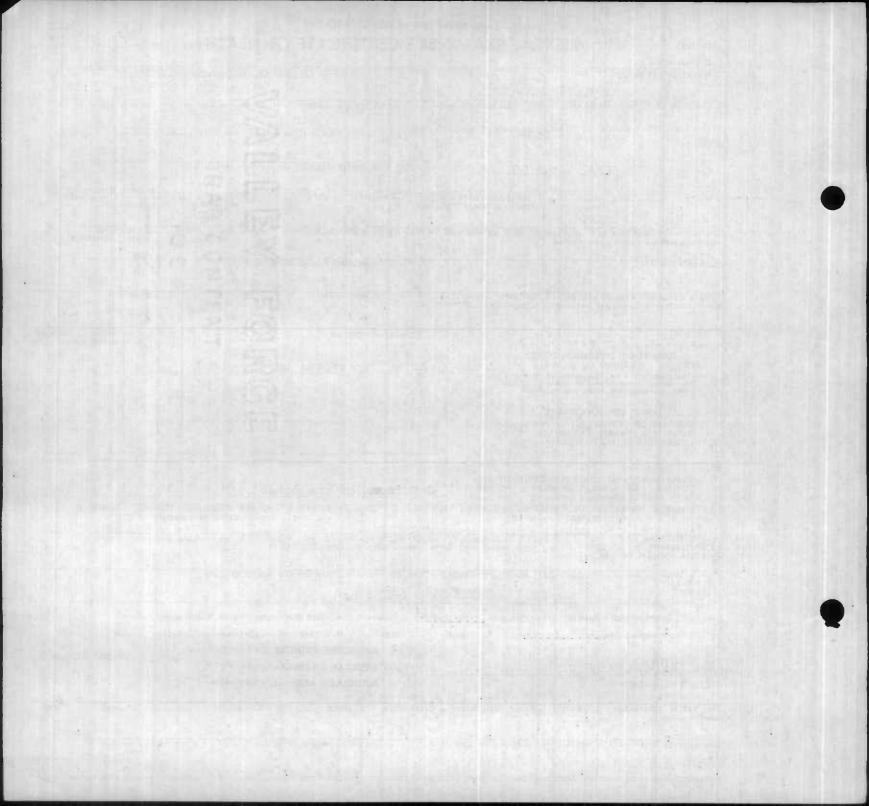
	BALTIMORE	CITY HEALTH DEPARTMENT		
	CERTIFIC CASE NO.	CATE OF DEATH Registered No. 65 129		
1. N (Ty)	AME OF DECEASED Richard Robinson	2/2/65 1/20		
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before of		
	THE MANAGER OF THE STATE ASSESSMENT OF THE STATE OF THE S	Maryland 503		
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, wrife RURAL and give township)		
0	NSTITUTION	Baltimore		
1	1609 N. Smallwood St	D. STREET ADDRESS (If rurol, give location)		
		1609 N. Smallwood St.		
5. 5		8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under		
	M. C. WIDOWED, DIVORCED (specify	10/10/99 lost birthday) Months Doys Hours		
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF		
don	e during most of warking life, even if retired)	Virginia U.S.A.		
12	Longshore man	Virginia U.S.A.		
13.				
	Major Robinson	Elnora		
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
	The state of the s	Annie Ruffin 1609 N. Smallwood		
-	18. 420, / 1 CAUS	E OF DEATH INTERVAL BETWI		
	DISEASE OR CONDITION DIRECTLY	ONSET AND DE		
		Tyo audioc mfact sometes		
	I tinis does not mean me made at dying, e.g., DUE TO			
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	Muturus Antino selevate 6 yms +		
	ANTECEDENT CAUSES (B)	Heart Leseau		
	DISEASES OR CONDITIONS, if any, giving	Antiviliaris. 6 yrs		
	rise to the above cause (A) stating the (C)	Hollwelling. 6 yrs		
	UNDERLYING CONDITION Iasi,	184 Motersin 6 and		
Z	II CONTRIBUTION			
TION	TO THE DEATH BUT NOT RELATED TO THE			
CA	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or Noll 208, IF YES, WERE FINDINGS CONSIDERED		
TIF	WAS PERFORMED	20A. AUTOPSY? (Yes or Not 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)		
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?		
U	21D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED	215 HOW DID INVIOLE COURS		
MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?		
		Vork L		
	22. I certify that (I) (this hospital) attended the deceased from	2 July 19 60 10 2 Feb 19		
	that (1) (we) lost saw the deceased alive on 295mg	19 64 and that in(my) (our) apinion death occurred on		
	and haur and fram the couses stated above. (1) (#6) (did)			
	23A, SIGNATURE	View the body offer dedfn.		
	M.D.			
	1. h. Duen som	Phys. Director Phys. 2/4/65		
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
	CHAINER T. NAVIEZON	1.D. 2034 W North Due Betimme		
244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county)		
1	Burial 2/8/65 Mt. Auburn	Baltimore, Maryland		
_	DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS		
	FEB 4 1965 Robert E. Farbert	A Charles, A., Rice 661 W. Barre St		
146	150-REV, 1/1/65	TITLE DUTIES DUTIES DUTIES DU		



	ом но.	129 MED	DICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Register	red No.	1530
1. N	AME OF DEC		(LUCY) UCI WORSL	EY		ND HOUR PRONOUNCE		5:37 A.
3. P	LACE IN BALT	MORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	re deceosed lived. If inst	itution: residenc	e before odmission
HO:	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTO	TION, GIVE STREET	Maryland c. CITY OR TOWN (II outs	ide corporote limits, write		ive township)
45		SINAI HO	SPTTAT.		Baltimore D. STREET ADDRESS (If ruro		2 ()	
0		DANIA IIO	01 11111		2500 Key	worth Avenue		
5. S	Ex Female	6. RACE Negro	WIDO WED, D	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 94		r. If Under 24 Hrs
1				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN	
	eduring most of w	rorking life, even if retired)		N.C.		WHAT C	OUNTRY?
13. F	ATHER'S NAM	E	1	En Herri	14. MOTHER'S MAIDEN NAM	ME	10-1-	
	F/e7	tcher	600	2	Rebecca			
		EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	11 4
1163	, 110 01 0111110 1111	in yes, give wor or de	nes or servicer	JEGORITI NO.	Fanily	2500K	eywor.	th Ave
	1B. //	1 1 10	7 A V	CAUSE	OF DEATH			TERVAL BETWEEN
	DISEAS	E OR CONDITION I	DIRECTLY				ON	ISET AND DEATH
		LEADING TO DEAT	ГН		iosclerotic card	diovascular		***************************************
	heart failure,	ot mean the mode osthenio, etc. It med application which couses	ns the disease,	DUE TO		diseas	se	
	A	NTECENDENT CAU	SES	(2)			18 11	
		OR CONDITIONS, IF		DUE TO				
_		G CONDITION LAST		(C)			5.5	
Ó		II .		₹ ₩ fna0+na00na00na00n				
ERTIFICATION	TO THE	VIFICANT CONDITION DEATH BUT NOT F	RELATED TO TH		oma of the breas	st		
CERT	19A. DATE OF	OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20 B. IF YES, WERE FI		
¥	21A. EXTERNAL	. CAUSE WAS	21 B. P	LACE OF INJURY (e.g.		(If in Boltimore City, gi	ve exoct locoti	on)
8	UNDERLYING DUTING CAU		home,	form, factory, street, c	office bldg., INJURY OCCUR?			
1	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye			21F. HOW DID IN	JURY OCCUR?		
	22.	M. Al. A. I. I. A. I.						
		ify that I held on ted from: <u>Natural c</u>		Inspection Autocident Suicid		his bosis, deoth in r	, ,	
	result	red from Natural c	auses A	ccident Suicid		Undetermined monn	er	
	ACTUAL		7. 19	folder M.D.	CHIEF MEDICAL E			DATE SIGNED
	EXAMIN		7.1	- F 4.1	ASSOCIATE MEDICAL	EXAMINER	2	-2-65
23 A	NAME (1			n E. Adams, I		LOCATION (City,	, town, or count	ty) (Stote)
	AOVAL (Specify		65 F	Pural (em. 7.	arboro		N.C.
24A	. DATE REC'D	BY HEALTH DEPT.	248, NAME C	OF REGISTRAR	24C. FUNERAL DIRECTO	OR 1011-1_	3 ADD	RESS

FEB 4 1965 Robert E. Farley M.A.
VS 151-REV. 1/1/65

Sulling n Funeral Hone - N. Arlington Are

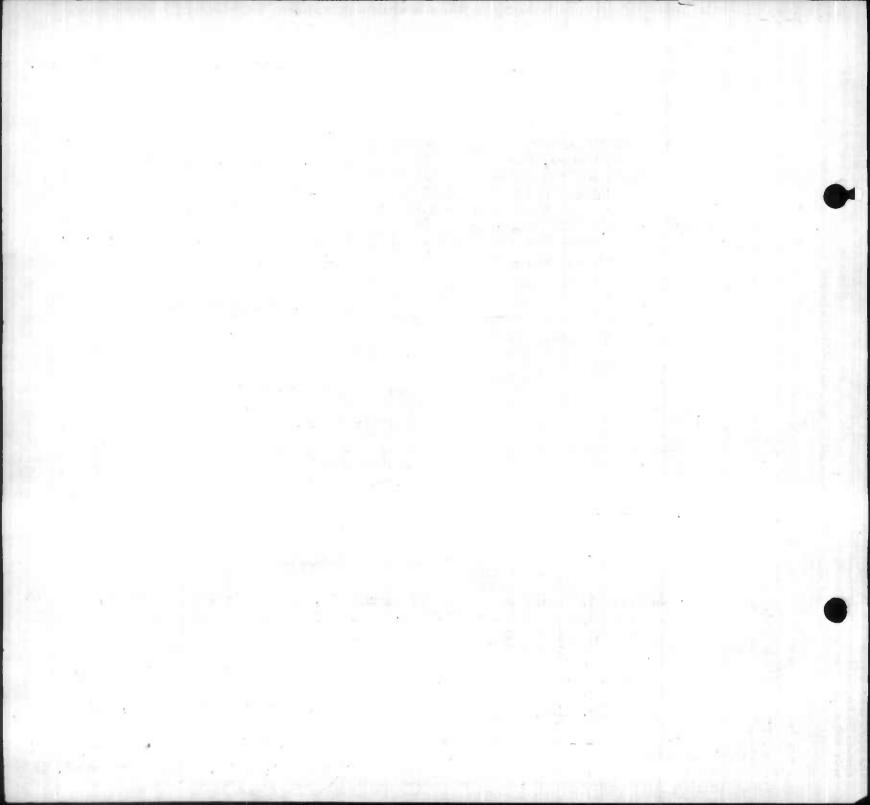


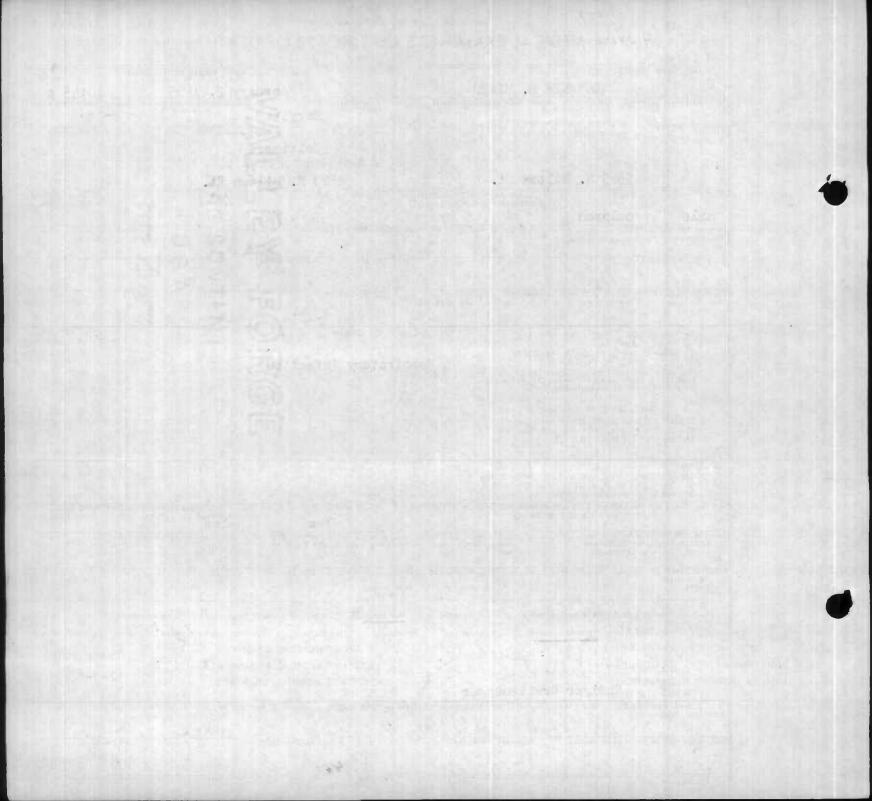
IS:

and

NOTH NO			BALTIMORE CIT	Y HEALTH DEPARTMENT		C5 4000
BIRTH NO. (65 1296		CERTIFICA	ATE OF DEATH	Registered No	65 1296
1. NAME OF DECE (Type or Print)	Louis		Wagner	Janua	ry 31, 1965	10:40
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		titution; residence before admi
FULL NAME OF			give street	Maryland		101
HOSPITAL OR	Baltimore		entiele		tside city limits, write R	URAL ond give township)
	4940 East	-	-	Baltimore D. STREET ADDRESS (IF	rurol, give location)	
1	Baltimore			1113 S. Curl		21224
5. SEX Male	6. RACE White	7. MARRIED.	NEVER MARRIED DIVORCED (specify) Married	B. DATE OF BIRTH 12-28-01	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Months Doys Hours N
				Y 11. BIRTHPLACE (State or fore		12. CITIZEN OF
done during most of w Humble O:	orking lile, even if retired)	Retir	ed			WHAT COUNTRY?
13. FATHER'S NAM		10011		Maryland 14. MOTHER'S MAIDEN NA	MF	U. S. A.
7,111213	George Wa	agner		Sally Baye		
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				RECORDS: BCH	H: 4940 Easte	rn Avenue 21224
18. 5 4 0	,01		CAUSE	OF DEATH		INTERVAL BETWEEN
	OR CONDITION DI	RECTLY		0 11 01 1		
	LEADING TO DEATH		(A)	Septic Shock	m to thickness to the manufacturate space in the description of the de	1 Day
	I mean the made of asthenia, etc. II means		DUE TO			
injury or comp	olication which caused	death.)	Gra	m Negative Pneum	nonia	1 Week
A	NTECEDENT CAUSES		DUE TO		************************************	***************************************
	R CONDITIONS, if		Gos	tric Ulcer		
	abave cause (A)	stating the	(C)	, or to oron		
	Ш		-			
O OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING		trectomy		
TO THE DE	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING	ATED TO THE	Wor	und Adhesive		
19A. DATE OF	ICANT CONDITIONS COATH BUT NOT RELACONDITION CAUSING OPERATION 179B. COM	ATED TO THE		Adhesive	o) 20B, IF YES, WERE F	INDINGS CONSIDERED
1-20-65	II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON 1-24-65	ATED TO THE	WON	and Adhesive 20 A. AUTOPSY? (Yes or N Yes	IN CERTIFYING CAU	ISES OF DEATH?
1-20-65	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON 1-24-6 T WAS UNDERLYING TING CAUSE OF	ATED TO THI	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street,	Adhesive	IN CERTIFYING CAU	ISES OF DEATH?
1-20-65 21A. ACCIDEN OR CONTRIBU- DEATH (notify	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER 1-24-65	ATED TO THE	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street,	20A. Autopsy? (Yes or N Yes in or obout 21C. WHERE DID office bidg., NJURY OCCUR?	IN CERTIFYING CALL YES	ISES OF DEATH?
1-20-65 1-20-65 21A. ACCIDENT OR CONTRIBUTE DEATH (notify) 21D. TIME	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON 1-24-6 T WAS UNDERLYING TING CAUSE OF	TED TO THI IT. IDITION FOR V FORMED 218, hometc,) (Hour) 21E,	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street,	20A. Autopsy? (Yes or N Yes in or obout 21C. WHERE DID office bidg., NJURY OCCUR?	IN CERTIFYING CALL YES	ISES OF DEATH?
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1-20-65 21 A. ACCIDEN OR CONTRIBUTE DEATH (nolify) 21 D. TIME OF INJURY (APPROX.) 22. I certify	II ICANT CONDITIONS CATH BUT NOT RELACED TO THE PROPERTY OF TH	TED TO THI IT. IT. IT. IT. IT. IT. IT. IT. IT. IT	PLACE OF INJURY (e.g., e, form, factory, street, injury occurred it At Work at	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR?	IN CERTIFYING CAU Yes (If in Boltimore	SES OF DEATH? City, give exect locotion)
1-20-65 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	II ICANT CONDITIONS CATH BUT NOT RELACED TO THE PROPERTY OF TH	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the	PLACE OF INJURY (e.g., e., form, foctory, street, INJURY OCCURRED ILLE At At Work At Work The deceased from January 31,	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CAU Yes (If in Boltimore	SES OF DEATH? City, give exect locotion)
1-20-65 21 A. ACCIDEN OR CONTRIBUTE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	II ICANT CONDITIONS CATH BUT NOT RELACION OF THE PROPERTY OF T	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the	PLACE OF INJURY (e.g., e., form, foctory, street, INJURY OCCURRED ILLE At At Work At Work The deceased from January 31,	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR?	IN CERTIFYING CAU Yes (If in Boltimore	SES OF DEATH? City, give exect locotion) Tuary 31, 19
1-20-65 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	II ICANT CONDITIONS CATH BUT NOT RELACION OF THE PROPERTY OF T	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the	PLACE OF INJURY (e.g., form, factory, street, injury occurred to the deceased from January 31, (We) (did) (did not)	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CAU Yes (If in Boltimore	DISES OF DEATH? City, give exect locotion) DURTY 31, 19 Ilon death occurred on the
DATE OF 1-20-65 21 A. ACCIDEN OR CONTRIBUDEATH (nolify) 21 D. TIMES (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUS	II ICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING OPERATION 198. CON 1-24-65 T WAS UNDERLYING ING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) Thot (I) (this hospitol lost sow the deceose from the causes states.	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Inde At At Work At Work At Work At Work January 31,) (We) (did) (did not) M.D. A	and Adhesive 20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR? 21F. HOW DID IN. title anuary 19, 19 65 ond the view the body ofter deoth. thending Med. Director Director	IN CERTIFYING CAU Yes (If in Boltimore	SES OF DEATH? City, give exect locotion) Lary 31, 19 Illon death occurred on the
1-20-65 21 A. ACCIDEN OR CONTRIBUTE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	II ICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING OPERATION 198. CON 1-24-65 TWAS UNDERTYING TING CAUSE OF medicol exominer (Month) (Doy) (Yeor) that (I) (this hospital lost saw the decease from the causes sta	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED Inde At At Work At Work At Work At Work January 31,) (We) (did) (did not) M.D. A	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING CAU Yes (If in Boltimore	DISES OF DEATH? City, give exect locotion) DURTY 31, 19 Ilon death occurred on the
21A. ACCIDEN OR CONTRIBUDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATUS 23C. PHYSICIAN	II ICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING OPERATION 198. CON 1-24-6 T WAS UNDERLYING TIMG CAUSE OF medicol exominer (Month) (Doy) (Yeor) that (I) (this hospital lost sow the decease from the causes sta	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the dalive on	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED ILLE AT Not White At Work The deceased from January 31,) (We) (did) (did not) M.D. A	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID office bldg., NJURY OCCUR? 21F. HOW DID IN. 21F. How did in.	IN CERTIFYING CAU Yes (If in Boltimore JURY OCCUR? 19 65 to Jan not In (my) (our) opin	nuary 31, 19 Silon deeth occurred on the January 31, 19
DATE OF 1-20-65 21 A. ACCIDEN OR CONTRIBU DEATH (notify) 22 I certify (APPROX.) 22. I certify (APPROX.) 23. I certify (APPROX.) 24. SIGNATURA 23. SIGNATURA 23. SIGNATURA 24. BURIAL CREA	II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON 1-24-65 T WAS UNDERLYING INNG CAUSE OF medicol exomined (Manth) (Doy) (Yeor) Thot (I) (this hospitol lost sow the deceose from the causes from The Cause of the Causes The Cause of the Cause of the Cause The Cause of the Cause of the Cause of the Cause The Cause of the Cause o	TED TO THI IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor 1) attended the dalive on ted obove. (I	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED ILLE AT Not White At Work The deceased from January 31,) (We) (did) (did not) M.D. A	and Adhesive 20A. AUTOPSY? (Yes or N Yes	IN CERTIFYING CAU Yes (If in Boltimore IURY OCCUR? 19 65 to Jan not In (my) (our) opin Stoff Phys. Avenue Balt:	DISES OF DEATH? City, give exect locotion) DURTY 31, 19 Ilon death occurred on the
DATE OF 1-20-65 21 A. ACCIDEN OR CONTRIBU DEATH (nolify) 22. I certify that (I) (we) ond hour and 23A. SIGNATUS 24A. BURIAL CREAREMOVAL (S)	II ICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING OPERATION 198. CON 1-24-65 T WAS UNDERLYING [ING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) That is a second to the causes of the caus	(Hour) 21E. Whim word lived obove. (I	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED ILLE At Not Wish At Work At Work Not Wish (At Work) Not Wish (At Work) Not Wish (At Work) At Work M.D. A Property of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery	anuary 19, 19 65 ond the body ofter deoth. 21	IN CERTIFYING CAU Yes (If in Boltimore JURY OCCUR? 19 65 to Jan not In (my) (our) opin Stoff Phys. X Avenue Balt: OCCATION (Cir.	City, give exoct locotion) nuary 31, 19 lion death occurred on the January 31, 19 imors, Maryland y, town, or county) (St
DATE OF 1-20-65 21 A. ACCIDEN OR CONTRIBU DEATH (notify) 22 I certify (APPROX.) 22. I certify (APPROX.) 23. I certify (APPROX.) 24. SIGNATURA 23. SIGNATURA 23. SIGNATURA 24. BURIAL CREA	II ICANT CONDITIONS CATH BUT NOT RELACION TO THE PROPERTY OF T	(Hour) 21E. Whim word lived obove. (I	PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED ILLE At Not Wink At Work The deceased from January 31,) (We) (did) (did not) M.D. A Ph M.D. A M.D. A	anuary 19, 19 65 ond the body ofter deoth. 21	IN CERTIFYING CAU Yes (If in Boltimore JURY OCCUR? 19 65 to Jan not In (my) (our) opin Stoff Phys. Avenue Balt: Ocation (Cin	Disco of DEATH? City, give exect locotion) Duary 31, 19 Iden death occurred on the January 31, 19 imors, Maryland, town, or county) (St.

VS 150-REV. 1/1/65





		BALTIMORE CITY	Y HEALTH DEPARTMENT	65 1298
	н но. 65 1298	CERTIFICA	TE OF DEATH Registered No.	00 100
1 N	AME OF DECEASED (PRESTON OF PRINTING PROBLEM	ROBERT HALL)	2. DATE AND HOUR OF DEATH FEBRUARY 1.	765 7:30 P. M.
	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)
	and an area of the second or institution	de contra de contra	MARYLAND	Bulton
L/H	ULL NAME OF (If not in hospital or institution) OSPITAL OR oddress or location)	ilon, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give lownship)
/ II	NSTITUTION		BALTIMORE	43000
1	NION MEMORIAL HO	SPITAL	D. STREET ADDRESS (If rurol, give location)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		908 DULANEY VALLEY	COURT
5. S	WID.	RIED, NEVER MARRIED DWED, DIVORCED (specify) ARRIED	8. DATE OF BIRTH 1/1/900 9. AGE (In years lost birthday) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	A . Planthal	MORE COUNTY	VIRGINIA	U.S.A.
13. 1	FATHER'S NAME	CE DEPT	14. MOTHER'S MAIDEN NAME	0.0
	TAYLOR HALL		MINNIE EUZABETH HEF	FLIN
(Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of serv KNOWN NO	ice) 16. SOCIAL SECURITY NO. 215 05 6793	Mrs Mary M Hall 908 Hospital Records	Dulaney Valley Court
	1B. // 20 / 1	CAUSE C	DF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	0	+ 1. 111	ONSET AND DEATH
	LEADING TO DEATH	(A) CLC	the Myresodial mits	rul
	(This does not mean the made of dying,	e.g., DUE TO	J	
	heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	Prince as autoff to last	0000
	ANTECEDENT CAUSES	(B)	continuity early, "	erg
	DISEASES OR CONDITIONS, if any, g	DUE TO	I the date	
	rise la lhe abave cause (A) slating		ellory view differe	
	UNDERLYING CONDITION last.			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO			
	DISEASE OR CONDITION CAUSING IT.	COR WILLIAM ORGANION	1200 ALTOROVO (V No.) 200 IF YES MISSE	CINIDINGS CONSIDERS
ERTIFIC	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
ÇAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	re City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.)	While At Not Whi		
	20 1 1 10 11 1 1 1 1 1			0110031 # 10/5
	22. I certify that (I) (this haspital) attend			RUARY 757 1965.
	that (I) (we) last saw the deceased alive	an TEDROPICY FS/	19 65 and that in (my) (aur) ap	Inion death accurred an the date
	and have and from the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.	
	23A SIGNATURE	1		23 B, DATE SIGNED
	William & Souton	M.D. Att	tending Med. Stoff Phys.	1/3/65
	23C.PHYSICIAN'S	//	23D. ADDRESS	
	NAME (Type)	1D M.D.	UNION MEMORIAL HOSPI	TRL
24A	WILLIAM R. LINTON, BURIAL CREMATION, 248. DATE 2	JR.		ity, town, or county) (State)
_	REMOVAL (Specify)			
_	BURIAL 2/5/65	FORK M.E.CHUF		
25 A	FFR / SOOF A A & A	LA DEUMA	HENRY SANDER & SONS	INC.
VS	150-REV. 1/1/65		BALTIMONE MARYLAND	21213

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) David Wilson
3. PLACE OF DEATH IN BALTIMORE MARYLAND
APPLICATE CORRECTED 2-2-65 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A, STATE B, COUNTY ELLL NAME HÓSPITAL OR INSTITUTION instilution, give street Maryland oddress or location) (If outside city limits, write RURAL and give township) Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland #21224 6104 O'Donnell Street 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours Male White Married 6-15-1899 IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Caretaker Cemetery U. S. A. West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Wilson Unknown 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT 6. SOCIAL O. Wilson 6104 Bonnell fYes, no or unknown! (If yes, give wor or dotes of service) Dessie SECURITY NO. rs RECORDS: B.C.H. 4940 Eastern Avenue Unknown CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH FAI Bronchopneumonia 2 Days (This daes not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.) Bilateral Middle Cerebral Artery ANTECEDENT CAUSES DUE TO Thrombosis DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH fnotify medical examiner etc.) 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work -28 19 65 2-2-19 65 22. I certify that (I) (this hospital) attended the deceased from 19 65 2-2that (I) (we) lost sow the deceased alive an... ond that in (my) (our) opinion death occurred on the date and hour ond fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Typel M. Schuster 4940 Eastern Avenue 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 2/5/65 St/ Matthews Cemetery Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SANDER & SONS VS 150-REV. 1/1/65

Letter from City Hospitals 2-8-65 M.H.

65	1300 MED		ALTIMORE CITY HEAL		65 DEATH Registered No.	1300
M.E. CASE NO.	MLD	ICAL LA	AMINALK 5 CI	KIII CAIL OI	DEATH Registered No.	
1. NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNCED DEAD	
(Type or Print) 3. PLACE IN BAL	WILLIAM TIMORE, MARYLAND, W		(WILLIAM	DAVID NEFEL WHOSE	nary 3, 1965 deceased lived. If institution: res	11:30 p M
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland		and give tawnship)
IN STATE HOLE				Baltimor		3
Arn	nco Steel Corp	oration-	-Hospital	5 N. Port S		
5. SEX	6. RACE	7. MARRIED, I	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Unde	er 1 Yr. If Under 24 Hr
male	white		ried	January 16.1	904 61	Days Haurs Min.
	UPATION (Give kind of working lile, even if retired)			11. BIRTHPLACE (Stole or foreign	n country) 12. CITI	TEN OF AT COUNTRY?
Stock 13. FATHER'S NAM	er Armco St	cel Co	rperation	Baltimore Ma	rviand	OA .
	Conrad Need	ler		Catherin	e Rohlfing	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT 5 Nor	th Port Stree	S
no		212	05 7569	Mrs Margueri	te Needer	INTERVAL BETWEEN
OTHER SIGN TO THE	ISE OR CONDITION DI LEADING TO DEATH not meen the mode of to, esthenia, etc. It means implication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST. II SINIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING CONDITION CAUSING	dying e.g., she disease, death.) ES NNY, GIVING TATING THE CONTRIBUTIN	(B)	force injury to	lower abdomen	ONSET AND DEATH
19A. DATE O	F OPERATION 198, CON		VHICH OPERATION	Yes ar No)	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22, I cei	tify that I held on I Ited from: Notural ca	nquiry nquiry	Steel Corp. E. INJURY OCCURRED CHILE AT X AT W Inspection Autoccident Suicide Suicident Suicide	3501 E. B 21F. HOW DID INJUNY WHILE Apparent1 opsy X ond that on the	y struck by heaver is bosis, death in my opinion to the control of	Steel Corp. y load DATE SIGNED
EXAMII NAME (NER'S (Type) Rudiger		ecker	ASSOCIATE MEDICAL E	XAMINER	2-4-65
23A. BURIAL CRI REMOVAL (Speci		230	C. NAME OF CEME ERY O	r CREMATORY 23D. E	OCATION (City, town, or	county) (State)
Buria	2/6/	65 G:			en Burnie Mary	land
24A. DATE REC'E FEB 4	1965 Per 1965	BE, ta	DE REGISTRAR	24C. FUNERAL DIRECTOR HENRY SAN BALTIMORE	DER & SONS INC	ADDRESS*
				21- 21		

BALTIMORE MARYLAND 21213

STORY OF THE PARTY THE VERSIEN LEVEL BY THE PARTY OF THE PARTY OF THE PARTY.

death assistant if IMPORTANT the chief medical examiner FUNERAL DIRECTOR: approved by

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attendance

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Was burns;

physician

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and any

death) hospital

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(4) Undetermined cause; (5) Deceased

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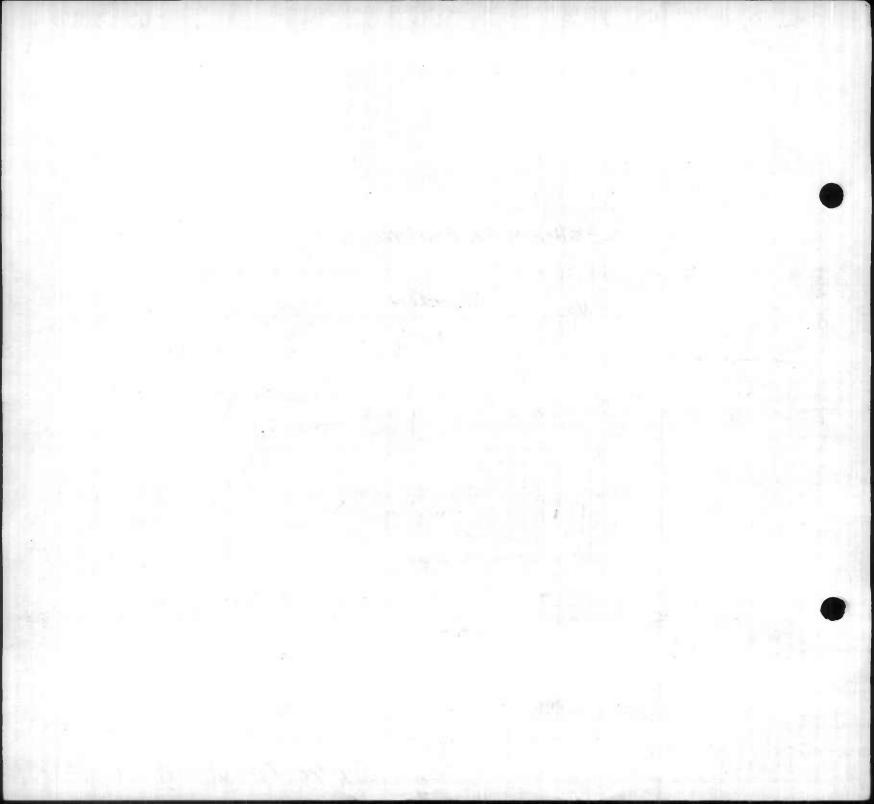
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. IFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH Type or Print) 4. USUAL RESIDENCE (Where deceased liyed. If institution: residence before 3. PLACE OF DEATH IN BALTIMORE (dmission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) OR (If outside city limits, write RURAL and give township) ADDRESS (If rurol, give location) mad 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WEDOWED, DIVORCED (specify) Hours lost birthday IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NONO ORTHWOOD INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH www (This does not meon the mode of dying, hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, assass rise to the obove couse (A) stoting the before the remains UNDERLYING CONDITION Jost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 25 218 PLACE OF INJURY (e.g., in or obout 2/C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (II in Baltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) etc.) MEDIO obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on and hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death. must 23A. SIGNATUR 23B DATE SIGNED oum Man Attending Med. Stoff M.D. Phys. Phys. Director written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME or UNGSIK 24A. BURIAL CREMATION. REMOVAL (Specily) WOODLAWA BURIAL 25A. DATE REC'D BY HEALTH DEPT. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

and the season of the printing The same of the sa 54 × 54 heary quemay

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	65 1302	BALTIMORE CITY	HEALTH DEPARTMENT		CE 4000
BIRTH N	0.	CERTIFICA	TE OF DEATH	Registered No.	65 1302
1. NAM	E OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or	Print)	11076 4401 = 5	a 1165	7.30 ?	ha 1
3. PLAC	E OF DEATH IN BALTIMORE, MARYLAND	MARGUERITE		e deceosed lived. If in	stitution: residence before admission)
FULL	NAME OF (If not in hospital or institut	ion, give street	MARYLAND	791909	V
HOSP	TITAL OR oddress or location)			side city limits, write R	(URAL ond give township)
1			THURMONT		60-00
0 . 7	131155 1 21-55-1		7 -	rural, give location)	
S. SEX	NIVERSITY HOSPITAL	RIED, NEVER MARRIED	B. DATE OF BIRTH	ACE (I	
1.	WIDO	OWED, DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A 1151	JAL OCCUPATION (Give kind of work 10B, KIN	MARRIED	11. BIRTHPLACE (State or foreign	42	12. CITIZEN OF
	ing most of working life, even if retired)			gn county)	WHAT COUNTRY?
	OUSEWIFE - SHOE M	FG. EMPLOYER	MARYLAND		USA
13. FATE	HERS NAME		14. MOTHER'S MAIDEN NAM	AE	
E	RVING BRAGSHEARS		BIRDIE AL	DRIDGE	
5. Was Yes, no	Deceased Ever in U. S. Armed Forces? or unknown)(II yes, give war or dates of servi	16. SOCIAL	17. INFORMANT		ADDRESS
	VO MA	213-14-2014	HUSPITAL	RECORD	Q
18.	200/1	CAUSE OF		Le Cold T	INTERVAL BETWEEN
-	DISEASE OR CONDITION DIRECTLY	Anemia			ONSET AND DEATH
	LEADING TO DEATH	(A) A3	stemis + hype	exhibiration	2 mig
	s does not meen the mode of dying, of foilure, osthenio, etc. It meens the dise		1	of the time a light as of the Shall William Charles as a light a fifting to the	1909 n a fe a 60 a a a a a a a a a a a a a a a a a
	ny or complication which coused death.)	0	0.1 10.0%		0
	ANTECEDENT CAUSES	DUE TO	7 + Webstopeles	and montainem	
	EASES OR CONDITIONS, if ony, gi			0	0
	to the obove couse (A) stoting DERLYING CONDITION lost.	The (C)	las 3arcano	***************************************	
NO OTH	HER SIGNIFICANT CONDITIONS CONTRIBL	TING	·		
TA DIS	THE DEATH BUT NOT RELATED TO EASE OR CONDITION CAUSING IT.				
# 10 ·	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
21 A	ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C WHERE DIS	()(in B-isi-	City sine and lessie
V DEA	CONTRIBUTING CAUSE OF	home, lorm, foctory, street, off	ice bldg., INJURY OCCUR?	tir in Bolfimore	City, give exact location)
	TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUP?	
S OF	INJURY PROX.)	While At Not While			
		Work At Work			
22.	I certify that (I) this hospital ottend	ed the deceased from!	1 7-8	9 64 10 2	19 65 .
thot	(I) (lost sow the deceased olive	on	19 65 and the	ot in (my) (our) opin	nion deoth occurred on the dote
ond	hour and from the causes stated above	e. (I) We did (did not) vi	ew the body ofter deoth.		
23A.	SIGNATURE			V- 1	23B. DATE SIGNED
	L. Bradle Bakes	M.D. Atter	Med. Director	Stoff Phys.	8/1/6
23 C.	PHYSICIAN'S NAME (Type)		3D. ADDRESS		1 (2)
	L. BRADIEY ROKED	M.D.	4. 200111111	1 1/200.	74.
	RIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	CAJION (Cit	y, town, or county) (State)
DREA	MOVAL (Specily)	111 1 1 (70,000	Turing	1110 1110
D U	TE REC'D BY HEALTH DEPT. 258, NA	WE OF REGISTRAP	25C FILMERAL MIDECTOR	HYLORSV	1hh / IVID
	FFB 4 1965 (2.0.)	Br & Star Drugge	101061 71	10011	V= 11
VS 150 1	REV. 1/1/65	N C, Turbay "	NV Farmy	c sons!	KEW WINDSORMIS
- 3 : 30-1	SE TE 17 17 00	The state of the s	()		



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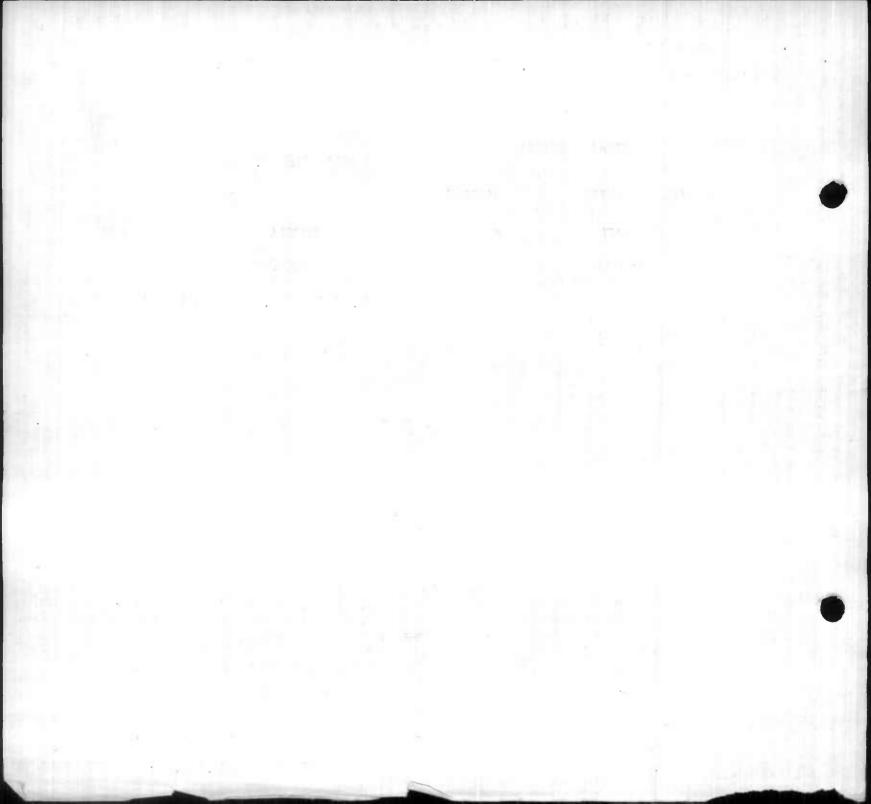
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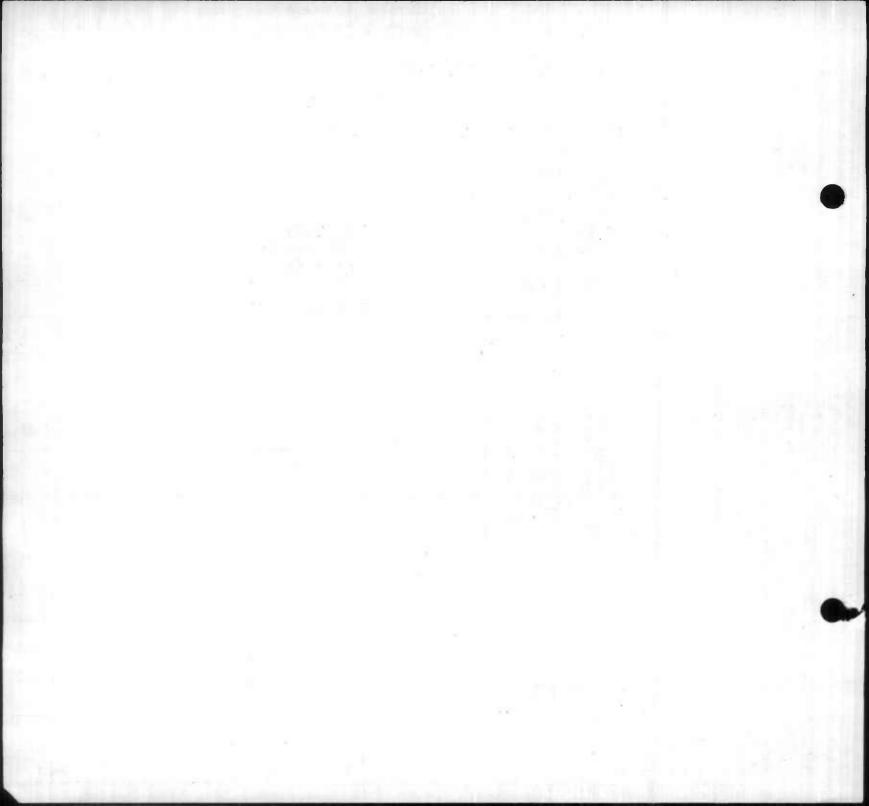
of death on the

	1000		BALTIMORE CITY	HEALTH DEPARTMENT		C5 1202
BIRTH NO. 6	5 1303		CERTIFICA	TE OF DEATH	Registered No.	65 1303
N.E. CASE NO. 1. NAME OF DEC (Type or Print)		S. COHE	V		UARY 2, 1965	17:45 A
3. PLACE OF DEA	ATH IN BALTIMORE, MA				here deceased lived, If in	stitution; residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		e street	MARYLAND	outside city limits, write	RURAL and give township)
N3110110A				BALTIMORE		
	SINAI HOSPI	TAL			(If rural, give location) AVENUE	
5. SEX FEMALE	6. RACE WHITE		EVER MARRIED DIVORCED (specily) RIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of t	working lile, even if retired}			11. BIRTHPLACE (Stote or f		12. CITIZEN OF WHAT COUNTRY?
	SEWIFE	AT I	HOME	RUSSIA		USA
13. FATHER'S NAA				14. MOTHER'S MAIDEN		
	UNKNOWN			UNKNO	WN	
	Ever in U. S. Armed Ford Off yes, give wor or dote		6. SOCIAL SECURITY NO.	MR. ABRAHAM B	. COHEN 4002	GLEN AVENUE
1B. 5 7 2	11 7-260	2 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DIR	ECTLY	(A)	Septicemia		24 hours
heart loilure,	not meon the mode of osthenio, etc. If meons application which caused	the diseose,	DUE TO	Rot to		31 hours
	ANTECEDENT CAUSES		DUE TO	0 (11/0 h) //3		
rise to the	OR CONDITIONS, il (e obove couse (A) G CONDITION lost.		ici Pert	oration of Si	amond Diverts	colum 48 hours
E TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO THE	Diok	setes Mellita	۷	10 years
1/31/	WAS PERF		9 moid Diver	100 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDÉRED USES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examiner	21B, PL	ACE OF INJURY (e.g., i	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltimore	City, give exoct locotion)
OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E, IN While	At Not While	21F. HOW DID	NJURY OCCUR?	
(APPROX.)		Work	At Work			
	that (H) (this haspital		0/2/	//	19 65 to	
			//			nian deoth accurred on the dote
23A. SIGNATU	Λ	1	, we) (did) (area) V	riew the body ofter deat	П•	23B, DATE/SIGNED
Ste	phen &h	lent	M.D. Atte	ending Med. Director	Stoff Phys,	2/2/65
23 C. PHYSICIA	Stephen	L. Wo	itz M.D.	23D. ADDRESS Sihol	Hospital of	Baltimore
24A. BURIAL CREA	MATION. 248 DATE	24C, NAM	E of CEMETERY of CRI	EMATORY 24D	LOCATION (Ci	ly, town, or county) (Stote)
BURIAL		SH	AAREI ZION		BALTIMORE	MARYLAND
2SA. DATE REC'D		298. NAME OF	REGISTRAR DELLA	SOL LEVINSON		010 REISTERSTOWN R

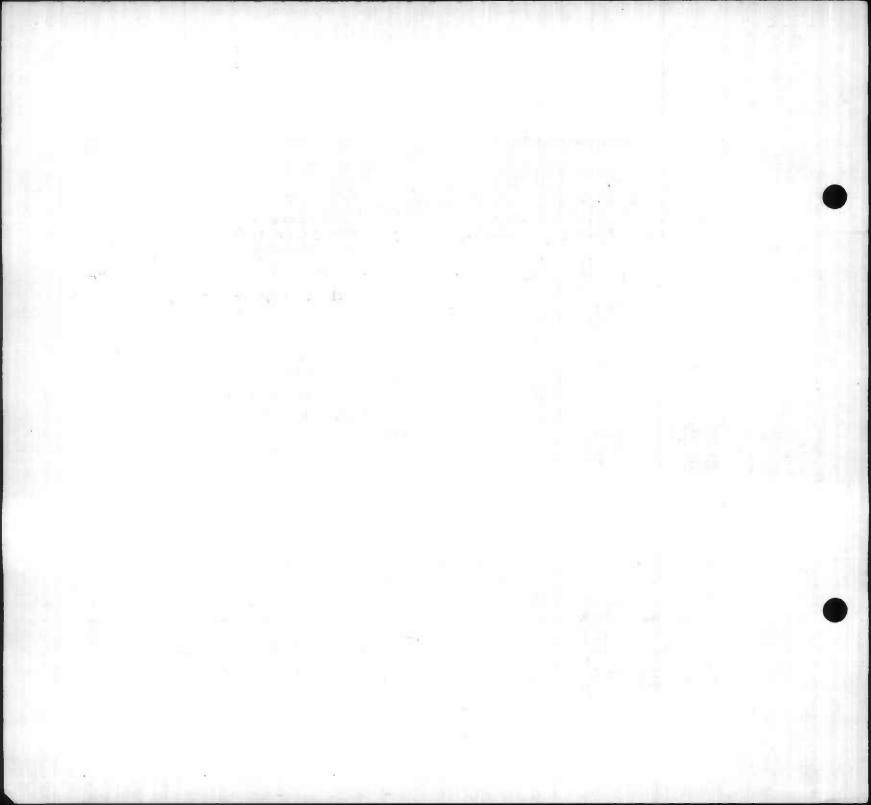
2SC. FUNERAL DIRECTOR BROS. INC. 6010 REISTERSTOWN



	BALTIMORE CIT	Y HEALTH DEPARTMENT		05
BIRTH NO. 65 1304	CERTIFICA	TE OF DEATH	Registered Na.	. 65 1304
NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Type or Print)	RINE LIESKE	2	3 65 10PM	1
PLACE OF DEATH IN BALTIMORE, MARYLAND	KINE LIESKE		here deceased lived. If	institution: residence before admission
		A. STATE B. COL	JNTY	9.1
FULL NAME OF (If not in haspital or institu	tion, give street	C, CITY OR TOWN (If outside city limits, write RURAL and give township)		
ST AGNES HOSPITAL		RISING SUN D. STREET ADDRESS (If rurol, give location)		
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 H Months: Days Hours Min.
	DOWED (specify)	10 1 83	last birthdoy)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. KIN				12. CITIZEN OF
ane during most of working life, even if retired)		MARYLAND		WHAT COUNTRY?
RETIRED HSWFE				
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		FLORENCE		
5. Was Deceased Ever in U. S. Armed Forces? les, na ar unknawn) (If yes, give war or dates of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
The state of the s	SECORITI NO.	ST AGNES HO	SP RECORDS	
18	CAUSE C	OF DEATH	JI KLOUKUS	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0.1032			ONSET AND DEATH
LEADING TO DEATH	A-	To M	Jan I Tak	1030
(This does not mean the mode of dying,	e.g., DUE TO	Vic 11/9 cay	3-67	1-2 days
heart failure, asthenia, etc. It means the dis injury ar camplication which coused deoth.)	ease,		4,0.0.	
ANTECEDENT CAUSES	(B) O 1	ostructive -	Faundice	
DISEASES OR CONDITIONS, if any, g	The (C)	- V.A.		
UNDERLYING CONDITION Iosi,	an communicación que que de desta de de desta de		0 7 7 7 7 7 0 0 0 7 0 0 0 0 0 0 0 0 0 0	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (II in Baltimare City, give exact lacation)		
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	hame, larm, foctory, street, o	lice bldg., INJURY OCCUR?	11 11 00111110	or any, give exact todatem
0				
21 D. TIME (Month) (Doy) (Yeor) (Haur)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)	While At Wark At Wark			
22. I certify that (I) (this hospital) attend	led the deceased from	1 29	19 65 to 2	3 165
that (1) (we) last saw the deceased alive	2 2	19 65 and		inian death accurred on the d
The state of the s				milian death accurred on the a
and have and from the causes stated aba	ve. (1) (We) (dld) (did nat)	view the bady after death	1.	
23A. SIGNATURE	t	anding — After —	Shall -	238. DATE SIGNED
Stank / De	lote M.D. All	ys. Med. Director	Staff Phys.	2/4/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DR FRANK M DETOI	RE M.D.			
24A. BURIAL CREMATION, 248. DATE 2	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVAL (Specily)	PRAN VILLEW	A I=M	RICINA C	
BURIAL FILES	AL OF BEGISTAN	C ~ //,	1112116-3	UN MD
	ME OF REGISTRAR	2SC. FUNERAL DIRECTO	AD 1	ADDRESS
FEB 4 1965 R.C.	M. C. MONDENLIN	Malph W	1 cheed, 5	Texing Sun Me
VS 150-REV. 1/1/65		1		(/



		1005	BALTIMORE CITY	HEALTH DEPARTMENT	CE 4205		
	1 NO. 65	1305	CERTIFICA	TE OF DEATH X Registered No.	65 1305		
1, NA	ME OF DECEASED			2. DATE AND HOUR OF DEATH	10		
(Туре	or Print) Be	entrice R.	Low	2-1-65	3 P M		
3. PL	ACE OF DEATH IN	BALTIMORE MARYLAND	TET!	4. USUAL RESIDENCE (Where deceased lived, If in:	0		
				A. STATE B. COUNTY	10 01-		
FULL NAME OF (If not in hospital at institution, give street HOSPITAL OR oddress or location)			tion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Towson			
	Unio	n Memorial Ho	spital	D. STREET ADDRESS (If rurol, give location)			
				9 West Road			
5. SE	X 6. RAC	E 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years)f Under 1 Yr. , If Under 24 Hrs.		
	F W		WED, DIVORCED (specify)	9'-26-91 Inst birthday)	Months Doys Hours Min.		
10A.	USUAL OCCUPATIO	N (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Baltimore	12. CITIZEN OF		
done	during most of working	life, even if retired) Man	ryland	Baltimore	WHAT COUNTRY?		
In	nsuranee Un	derwriter Ca	asualty Company	MARYLAND	II CA		
_	ATHERS NAME		2 1	14. MOTHER'S MAIDEN NAME			
	Henry	D. Rull	MAN	Emma C. Wills			
15. W	ds Deceased Everlin	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS		
(Tes,	7777 0	, give wor or dotes of serv W I _	549-3-2-6530	Faith L.Kerr, 9 West Road,			
12					MORIAL HOSPITA		
	18. 422,1		CAUSE O	P DEATH	INTERVAL BETWEEN ONSET AND DEATH		
			A	1 1 0 1			
			(A) ARTE	ERIOSCLETOTIC Cardio vai	celar par		
			e.g., DUE TO	Dinesas			
			ease,	2 market	4 . 0		
			(B) CP	rebal Vascula aca	dout bases		
	ANIEC	EDENI CAUSES	DUE TO C	1010	and the second s		
	DISEASES OR CO	NDITIONS, if ony, gi	ving 2	to Cerebral Monvo			
			The (C)	**			
14	UNDERLYING CON	DITION (os).					
		- 11					
Z	OTHER SIGNIFICANT	CONDITIONS CONTRIBE	JTING				
ATIO	TO THE DEATH	BUT NOT RELATED TO					
			CON WILLIAM OPENATION	120 A ALITO BOYS (W. A. No.) 200 IF YES WEST	Walter College State		
F	A. DATE OF OPERA	WAS PERFORMED	FOR WHICH OPERATION	IN CERTIFYING CAL	INDINGS CONSIDERED		
CERTIFIC							
	21 A. ACCIDENT WA	S UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)		
A 1			etc.)	mice brog., INJOKI OCCOK.			
U							
MA /		h) (Doy) (Year) (Hour)		21F. HOW DID INJURY OCCUR?			
>			While At Not Whit				
-					1		
2	22. I certify that	K(this haspital) attend	led the deceased from	1-30 1965 to	2-11-19.65.		
1	that 10) (we) last s	aw the deceased alive	on 2 - (19 6 5 and that in (nex) (our) apir	ion death occurred on the date		
1	and hour and fram	the causes stated above	ve. (We) (did) (did not) v	iew the bady after death.			
2	3A. SIGNATURE				23 B. DATE SIGNED		
	-22	1 1 1	M.D. And	ending Med. Stoff	21.115		
	Lawrell	at hubi	- ALCOAL		2/1/69		
1	NAME (Type)	0		23D. ADDRESS			
			M.D.				
24.4	DIIDIAI CREATATIO	N 248 DATE	C NAME OF CENAETERS	ALAYON OLD LOCATION			
24 A.	REMOVAL (Specify)	N, 240, DAIL 24	IL. NAME OF CEMETERY OF CRE	MAIURT ZAD. LOCATION (Cit	y, town, or county) (State)		
CR		2-5-65	Green Mount	Dol to impose			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (\$\forall (this haspital) attended the deceased fram						
230.	FEB	1965 00	BC La D	and the same of th			
		م المالية	M C. MONNEUMIN	wm.Cook-Towson, Inc., 105	OU York Rd. TOWSON 4		
VS 1	50-REV. 1/1/65						



	BALTIMORE CI	TY HEALTH DEPARTMENT	r	000 4000	
BIRTH NO. 65 1306	CERTIFIC	ATE OF DEATH	Registered Na.	65 1306	
N.E. CASE NO.		2. DATE	AND HOUR OF DEATH		
Type of Print) Mary Wh: B. PLACE OF DEATH IN BALTIMORE, MAR	ite	Janu	ary 31, 1965	8:05p	
PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. CO	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission		
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location)	r institution, give street	Maryla		6-0	
INSTITUTION Provident		973	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
7 1514 Divis		D. STREET ADDRESS			
Baltimore	17, Maryland	1016 N.	. Calhoun Str	eet	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.	
Female Negro	widowed widowed	2	85	Months Doys Hours Min.	
OA, USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or	foreign country)	12, CITIZEN OF WHAT COUNTRY?	
None	None	Maryland		U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
?			?		
5. Was Deceased Ever in U. S. Armed Forc (es. no oi unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	1200	N. Calhoun Stre	
		Ethel Payne-		imore, Maryland	
18. // > "	CAUSE	OF DEATH	27/22	INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES	(B)Arte	riosclerotic (CardioVascula	r Disease	
DISEASES OR CONDITIONS, if a ise to the obove couse (A) UNDERLYING CONDITION last.	ny, giving slating the (C) <u>Gen</u>	eralized Arte	rio sclerosis	5	
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELA- DISEASE OR CONDITION CAUSING IT	TED TO THE		100		
19A. DATE OF OPERATION 198. CONE	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		office bldg., INJURY OCCU		City, give exoct locotion)	
210. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Work At Wo	hile [INJURY OCCUR?		
22. I certify that (I) (this haspital)			19 65 to Jani	***************************************	
that (1) (we) last saw the decease	dolive on January 31,	19.65 an	d that in(my) (aur) api	nian death occurred an the d	
and haur and from the cause's state	ed abave. (I) (We) (did) (dld not) view the bady after dea	ıth.		
23A. SIGNATORE	5			23 B. DATE SIGNED	
Hallis Alim a	me, B. DM.D.	Attending Med. Phys. Director	Stoff Phys. 🔀	January 31, 196	
23C. PHYSICIAN'S NAME (Type) Hollis Seuna	mine" M.	D. 1514 Divisio	on StBaltim	ore, Maryland	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of			ty, town, or county) (State	
Burial 2-4-65	Mt. Auburn	Cem.	Baltimore,	Md.	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIREC	CTOR	ADDRESS 578V	

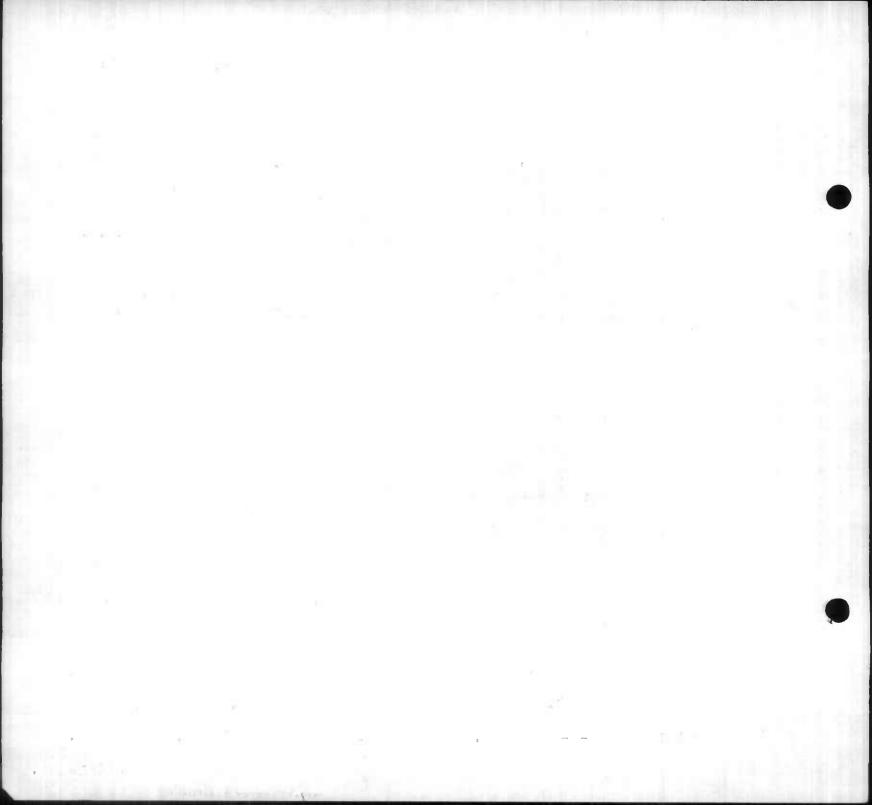
25B. NAME OF REGISTRAR

1965

VS 150-REV. 1/1/65

(Min) Frances A.

Biddle St.



	BALTIMORE CITY HEALTH DEPARTMENT	
- 11	BIRTH NO. M.E. CASE NO. 65 1307 CERTIFICATE OF DEATH	Registered No. 65 1307
1,	1. NAME OF PECEASED (Inter or Priph) LUCILLE R. MOORE 1-	31-65 3:30 Pm.
3.	FULL NAME OF (If not in hospital ar institution, give street) A. STATE B. COUNT M. A. CYLL	deceased lived. If institutions residence before admission) AND Ballo
1	BALTIM	de city limits, write RURAL and give township) 9 25 # 7 530
5.	22 m cf	BIRCH DR.
	Female White WIDOWED 10-14-80	AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
de	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or Toreig done during most of working life, even if refired) At Home	ELLINOIS WHAT COUNTRY.
. 13	13. FATHERS NAME Heber Robarts 14. MOTHERS MAIDEN NAM MINNESS	£ 100 111 £
1.5 (Y	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RUSSELLR	TOLNSON - Rd - MOUNTAINS IN
	18. A CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	Ca dia dia dia
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) staling the UNDERLYING CONDITION lost.	gestive that Failure
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
014100	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY (Yes) No.	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner)	(If in Boltimare City, give exact lacation)
i	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While Al Work At Work	RY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased from 190 that (I) (we) last saw the deceased alive an 1965 and that	t in (my) (aur) apinian death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	23B, DATE SIGNED
	lsus 0 - Januar M.D. Attending Med. Director	1-31-65
	23C. PHYSICIAN'S NAME (Type) M.D. LUTHERAM	1 HOSP. OF MA
2	REMOVAL (Specify)	CATION (City, town, or county) (State)
2	Cremation 2/3/65 Greenmount Compter 1/25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN Ellsworth Arm	MATTIONORE MICH ADDRESS
V	VS 150-REV. 1/1/65 Ellswarth Arr	nacost 4600 Liberty Heights



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24A. BURIAL CREMATION.

VS 150-REV. 1/1/65

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25A. DATE REC'D BY HEALTH DEPT.

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BALTIMORE CITY HEALTH DEPARTMENT 1308 Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Arthur R. Meredith February 3, 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township Baltimore Anderson Nursing Home D. STREET ADDRESS (If tural, give location) 3604 Mohawk Avenue mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify)
Single lost birthdoy) Hours Months Doys White Feb. 26, 1875 Male IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? P.R.R. Chief of Reastate Harrisburg, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Meredith Anna Sprigman 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. F. Meredith Wood 106 W. University Pkwy. No OL INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoling the before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Yeot) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram pe that (1) (we) last saw the deceased alive an and that in (my) (aur) aplnian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending Phys. Med. written approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

emeter

(City, town, or county)

S. Caller and C. ν, . T a grand to the same from and the Total I . . . alternative states.

IMPORTAN DIRECTOR: FUNERAL hospital

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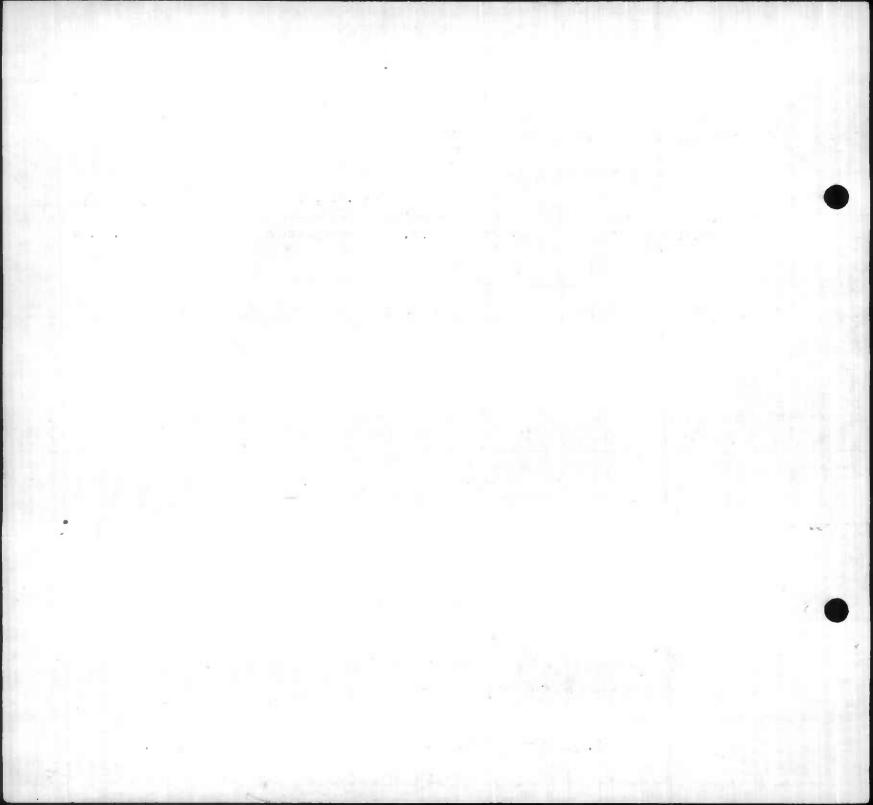
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M.E. CASE NO.

(Type or Print)

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na.

4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)

3.	2. DATE AND HOUR OF	DEATH
Miller	February	3. 1

3. PLACE OF DEATH IN BALTIMORE MARYLAND (If not in hospital or institution, give street HOSPITAL OR

Samue

oddress or location) Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

Maryland Baltimore D. STREET ADDRESS

B. COUNTY

(If outside city limits, write RURAL and give township) (If rurol, give location)

6:20

TISA

107 Albemarle Street 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. Months Doys WIDOWED, DIVORCED (specily) lost birthdoy) Hours 4-20-96 Married White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Port Security Guard Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Herman Miller Laura C. Howard

15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. 107 Albermarle Street No 220-03-0810 Mrs. Mary L. Miller Baltimore, Maryland 2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastatic Carcinoma (This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, Hepatoma injury or complication which caused death.) Polycythemia Vera ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving Congestive Failure rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Emphysema DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examined MEDI (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from February 1. 1965 to February 3.

February 3. 1965 that (I) (we) lost saw the deceased alive on..... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A, SIGNATURE 238 DATE SIGNED Attending M.D. Med. Stoff A Phys. Director 23C. PHYSICIAN'S

24C. NAME of CEMETERY OF CREMATORY

23 D. ADDRESS Marvin Schuster

4940 Eastern Avenue 21224

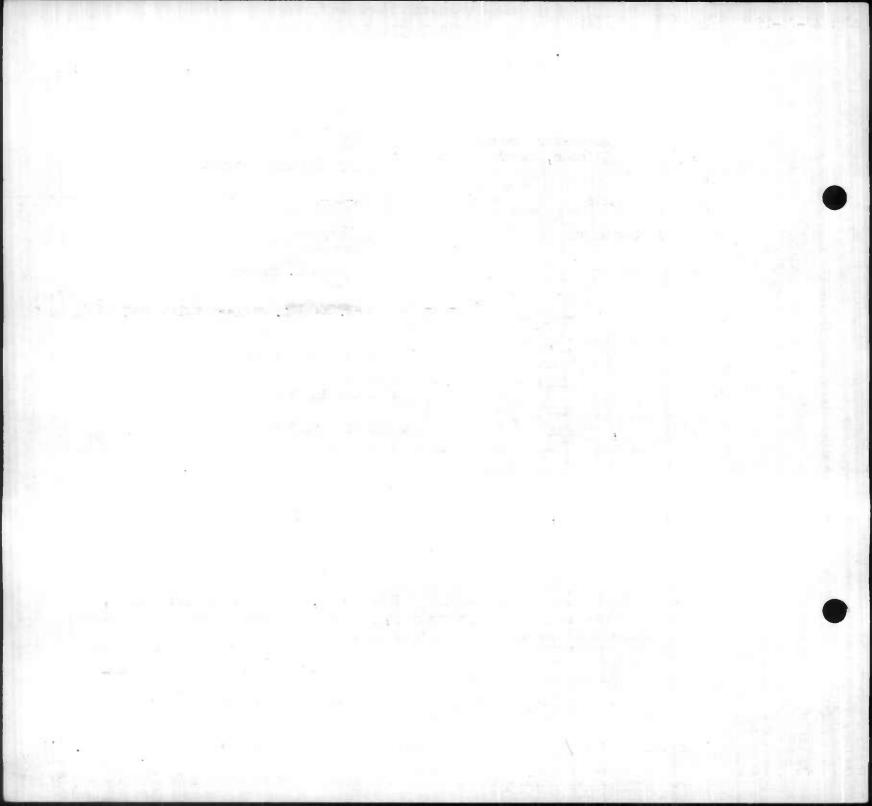
24D. LOCATION

Schwartz Cemetery 25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)



if the direct or contributing cause of deathiny kind; (4) Undetermined cause; (5) Deceased

(2) Body burns; (3) A fracture of any

the body was released to the hospital by a medical examiner.

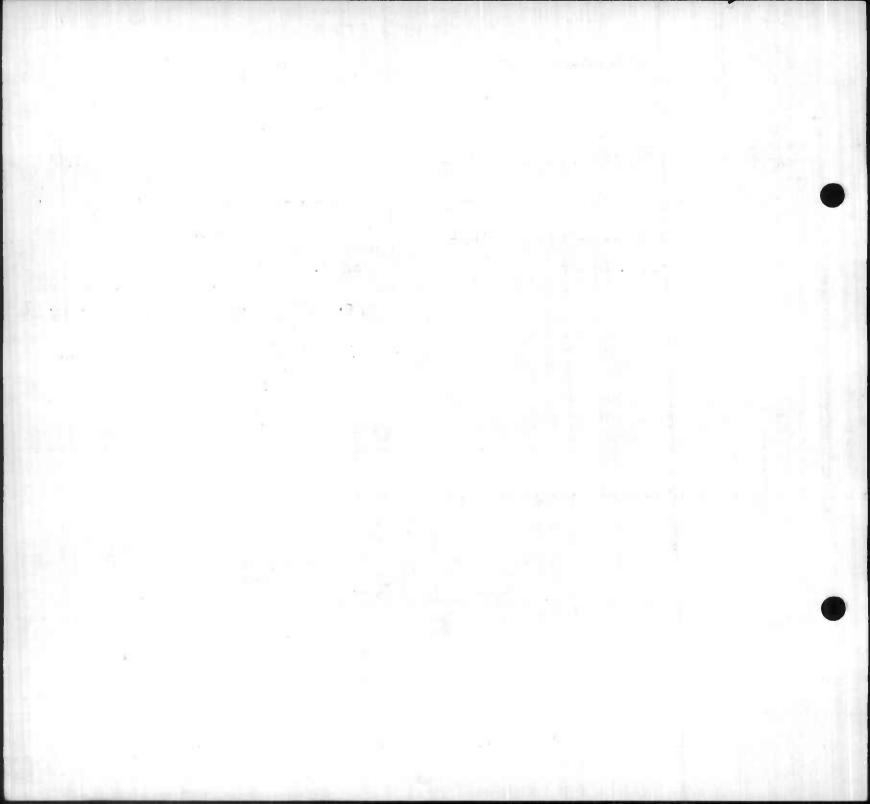
shows: (1) An accident of any nature;

VS 150-REV. 1/1/65

Also,

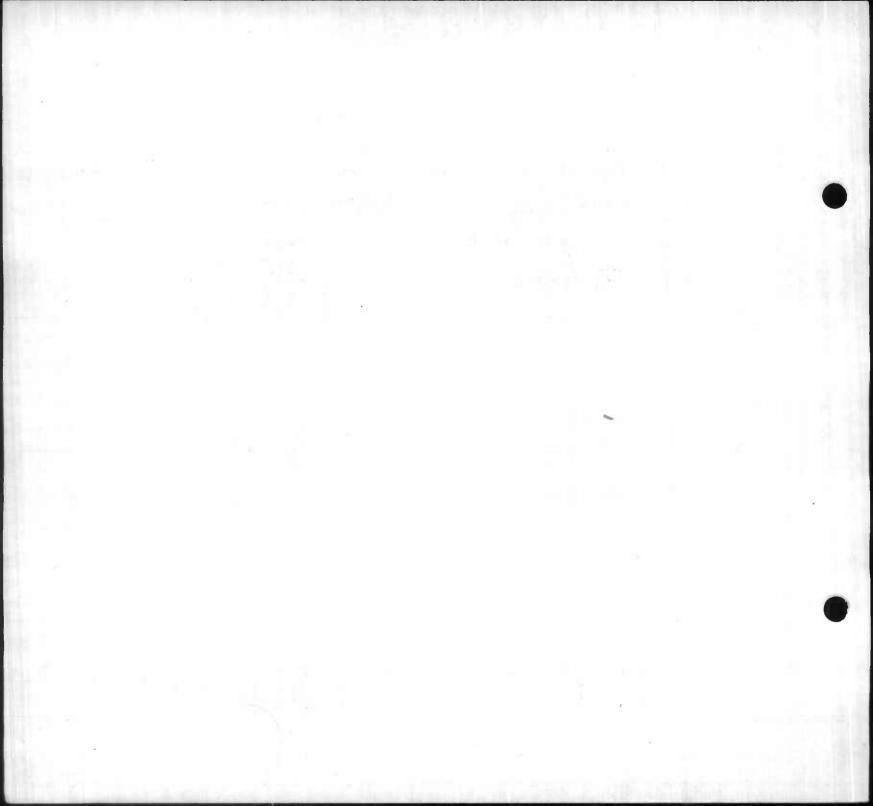
(Тур		Emma Amelia S	Snyder		ary 4, 1965	6:150
3. P	LACE OF DEA	TH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admi
H	FULL NAME OF	F (If not in hospital a address or location	or institution, give street)	Maryland c. CITY OF TOWN (If out	side city limits, write l	RURAL and give township)
2	3.	307 Piedmont		D. STREET ADDRESS (IF	rural, give location)	
5. S		altimore, Mar	yland 21216 7. MARRIED, NEVER MARRIED	3307 Piedmon	t Avenue 9. AGE (In years	21216
	emale	White	widowed, divorced (specify		lost binhday)	Months Days Hours A
IOA.	USUAL OCCU			ISTRY 11. BIRTHPLACE (State or foreign	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Re		choolteacher	School	Baltimore, I	Maryland	
		B. Snyder		Mary A. Ballar		
15. V (Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed Fore (If yes, give war ar date:	1 6. SOCIAL SECURITY NO.	Mrs. Florence	M. Ballard	3021 Fendall R Baltimore, Md.
	(This does no	LEADING TO DEATH of mean the mode of asthenia, etc. If means	dying, e.g., DUE TO	terioscherotic Cardio	vescular disea	st 10 years
	A	plication which caused INTECEDENT CAUSES	death.) (B) ADDE TO	terioschrotic cardio terioscherosis, gar	neral	10 years
TION	DISEASES OF TISE TO THE DESCRIPTION OF THE DESCRIPT	plication which caused INTECEDENT CAUSES R CONDITIONS, if a abave cause (A) CONDITION last. II FICANT CONDITIONS CLARTH BUT NOT RELA	ONTRIBUTING	ternoscherosis, ger	neral	10 years
CATI	DISEASES OF THE DISEASE OF THE DESCRIPTION OF THE D	plication which caused intecedent causes. R CONDITIONS, if a abave cause (A) is CONDITION last. Illicant conditions of the conditions of the conditions caused the condition causing it is a condition causing it.	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	termosclerosis, gen		
L CERTIFICATI	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBU	plication which caused INTECEDENT CAUSES R CONDITIONS, if a abave cause (A) CONDITION last. II FICANT CONDITIONS CONDITIONS CONDITION RELA CONDITION CAUSING IT OPERATION 1798. CONI	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	
DICAL CERTIFICATI	DISEASES OF TISE TO THE DESTANCE OF CONTRIBUTED OF	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING TOPERATION 198. CONDITION CONDITIONS CONDITION	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, lorm, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While AI Not	e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF CONTRIBUTED THAT CONTRIBUT	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CAUSE (A) CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (**his hospital** last saw the decease fram the causes states.	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, larm, factory, streetc.) (Hour) 21E. INJURY OCCURRED While At Not Work) attended the deceased from d alive an Feb. ed abave. (I) (We) (did) (did)	e.g., in or about 21 C. WHERE DID et, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 3 19 3 and the et) view the bady after death.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) Finding death accurred an the
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF CONTRIBUTED THAT CONTRIBUT	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CAUSE (A) CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (**his hospital** last saw the decease fram the causes states.	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, larm, factory, streetc.) (Hour) 21E. INJURY OCCURRED While At Not Work) attended the deceased from d alive an Feb. ed abave. (I) (We) (did) (did)	20A. AUTOPSY? (Yes or No. NO	20B. IF YES, WERE IN CERTIFYING CAI (If in Boltimore URY OCCUR? 1 ta	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacohon) Finding death accurred an the
MEDICAL CERTIFICATI	DISEASES OF STATE OF THE DESTRUCTION OF CONTRIBUTION OF CONTRI	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CAUSE (A) CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital last saw the decease from the causes state RE RE RE AATION, 1248. DATE	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, larm, factory, streetc.) (Hour) 21E. INJURY OCCURRED While At Not Work) attended the deceased from d alive an Feb. ed abave. (I) (We) (did) (did)	20A. AUTOPSY? (Yes or No. HO) e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR? 21F. HOW DID INJURY Work 21F. HOW DID INJURY Work And Adding Med. Director 23D. ADDRESS M.D. 3 403 GARRIS	208. IF YES, WERE IN CERTIFYING CAL (If in Boltimore URY OCCUR? 9	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion) Finding death accurred an the course of the course

BALTIMORE CITY HEALTH DEPARTMENT



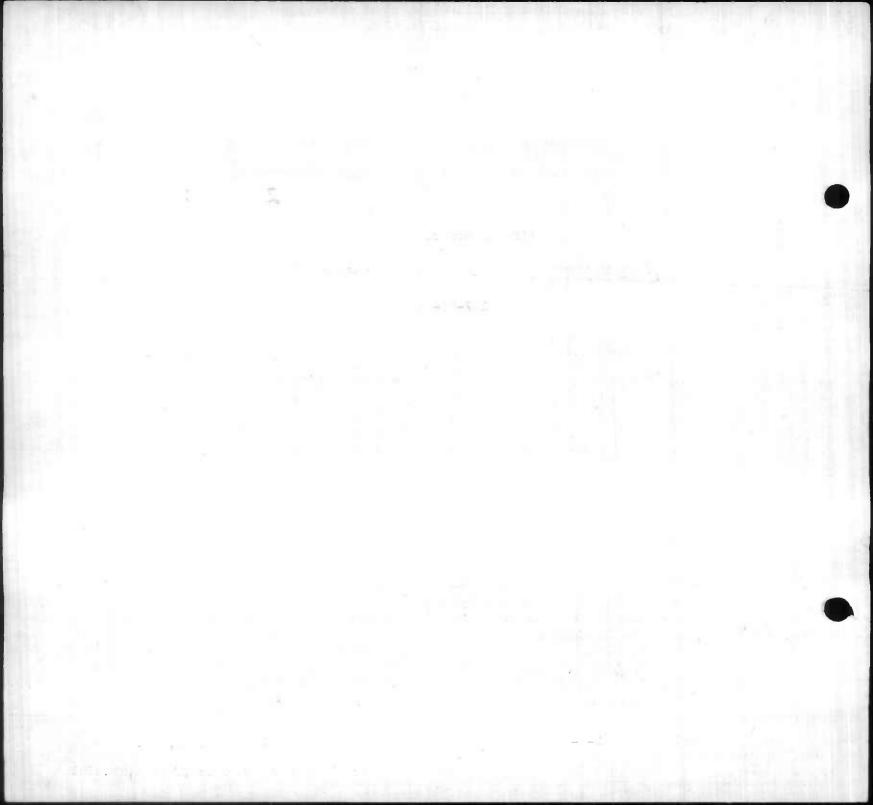
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

64-34/25	BALTIMORE CIT	TY HEALTH DEPARTMENT	05 1000
BIRTH NO. 65 1312	CERTIFIC	ATE OF DEATH Registered No.	65 1312
1. NAME OF DECEASED	4 1 1	2. DATE AND HOUR OF DEATH	
	nie F. LEh	man. FEb. 2, 1963	4:15 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived. It ins	titutian: residence befare admission)
FULL NAME OF (It not in haspitol or insti HOSPITAL OR oddress or location)	itution, give stieel	Maryland. UU	, 52-00
INSTITUTION		C. CITY OR TOWN Off outside city limits, write RI	JRAL and give township)
9	2 41	D. STREET ADDRESS' (If rurol, give lacation)	2/2 26
South Bottimore GE	neral Hosp.	213 Sucamore	Road.
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	It Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
F. White.	Single	11-29-1964. 2 Months	
10A. USUAL OCCUPATION (Give kind of work 10B. Kt done during most of working lile, even it retired)	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Child.	Maryland.	45#
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Ernest Lehn	nan.	Mary he da	hes.
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1/6		Ernest Lekinan	- Celor
18: 491 × 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C		12 6
(This does not mean the mode of dying,		eplicema	70 100.
heart failure, asthenia, etc. It means the di injury or complication which coused death.			
ANTECEDENT CAUSES	(B) Q	Africa Broncho freumono	
DISEASES OR CONDITIONS, if ony,	giving	00	
rise to the obove couse (A) sloting	g the (C)	388864666666666666666666666666666666666	
ll ll			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING		
DISEASE OR CONDITION CAUSING IT.		TAX A STATE OF THE	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	, in ar about 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	home, faim, foctory, street, etc.)	office bldg. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hau	1) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Wark At Wo		
22. I certify that (this hospital) atte		2-2 196510	2-2 1965.
		19 6 5 ond that in (a) (our) opin	The state of the s
and hour and from the couses stated ab			ion death accorred on the date
23A. SIGNATURE	ove. (1) (ive) (did) (did not)		23 B. DATE SIGNED
Edgen V M+D.	M.D. A	Attending Med. Staft Phys. Phys.	2-2-65.
23C.PHYSICIAN'S		23D. ADDRESS	0-0-03.
Edgar V. McGinley	M.C	South Baltimore General Hos	spital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF		Jown, or county) (State)
REMOVAL (Specify) 2-4-65	Ellen Ila	ver Hey E	unio Mal
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 5 1965 R	Bert E, Farber M.A.	tobet A Banane	à Sevena Ku
V\$ 150-REV. 1/1/65			and .



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

4030	BALTIMORE CITY	HEALTH DEPARTMENT	0= 1010
мятн но. 65 1313	CERTIFICA	TE OF DEATH Registered No.	65 1313
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR OF DEATH	
(Type or Print) Edwin Carl	HERMANN	2-2-45	m A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or instit	0 10	C. CITY OR TOWN (If outside city limits, write I	
TINSTITUTION The Sterpita	1 FOR the	Lutherville	5
Women of	Maryland	D. STREET ADDRESS (If rurol, give location)	Pd.
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 2 - 29 - 92	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) BAHIMORE Md	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	fe insurance	14. MOTHER'S MAIDEN NAME	0.007.
John Hermann		Minnie Hoenes	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of se		17. INFORMANT Chari	ADDRESS
no)	217-26-0011 CAUSE O	DE DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE	, () (ONSET AND DEATH
LEADING TO DEATH	(A) 7	Muscardialinlard	con
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the di-		4 Toxings les odis.	TAN - 1,7000000000000000000000000000000000000
injury or complication which coused death,		gen recognic	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, use to the obove couse (A) stoling			
UNDERLYING CONDITION lost.	(0)		
O OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	n or obout 21 C. WHERE DID (If in Boltimore life bldg., INJURY OCCUR?	City, give exact location)
DEATH (notily medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Yeor) (Hour		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While Work		
22. I certify that (1) (this hospital) atter		1-18 19 65 to 2-	2 1965
that (I) (we) last saw the deceased alive	e on 2-2	19 60 ond that In(my) (our) apl	nian death occurred an the do
and have and from the causes stated abo	rve. (1) (We) (did) (did not)		
23A. SIGNATURE	1		23B, DATE SIGNED
Whatehen U. J.	Egano M.D. Att.	ending Med. Stoll Phys.	2-2-60
23C. PHYSTE AN'S NAME (Type)	DA a d	23D. ADDRESS	•
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 240 LOCATION (C)	ty, town, or county) (Stote)
REMOVAL (Specify) Burial 2-4-65	Dulaney Valley M		
	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
FEB 5 1965 (2)	rest E. Sarbey M.D.	Brooks Funeral Service, To	
V\$ 150-REV. 1/1/65			



Undetermined cause; (5) Deceased cantributing ccurred in regular death 10 Was direct 4 assistant if IMPORTANT eath kind; the 0 any pranaunced or his Also, o fracture medical examiner DIRECTOR: examiner. who 3 physician medical burns; FUNERAL Body the chief the 8 by 3 where to the hospital nature; by approved (except any

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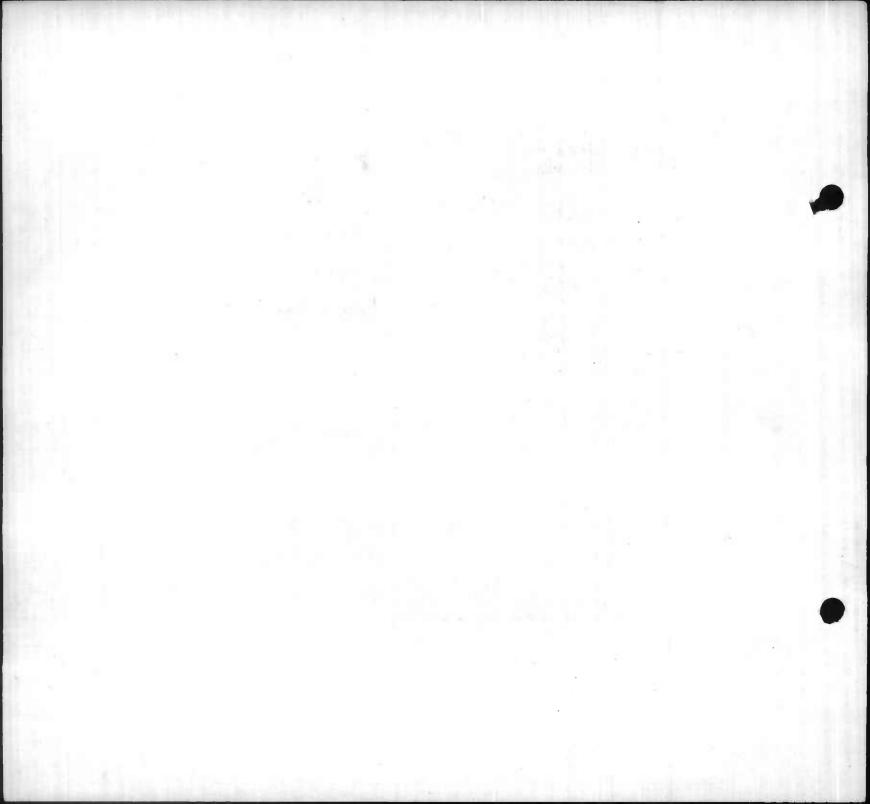
certificate

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attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) JAMES bruary. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION "If not in hospital ar institution, give street address or lacation) CITY OR TOWN (If outside city limits, write RURAL and give township Memorial Nursing Heme KINCO/N STREET ADDRESS (If rural, give lacation) Carey Street 7. MARRIED, NEVER MARRIED JAJE OF 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoyl MARRIAD a 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) done during most of working life, even il retired) Baltimere 21.5. Tet, mes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK YNK 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 7. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. N. CARC CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the obove cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinion death accurred an the date and have and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED 23A, SIGNATURE M.D. Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (State) (City, toyon, or county) REMOVAL (Specify) 2-3-6 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS. VS 150-REV. 1/1/65

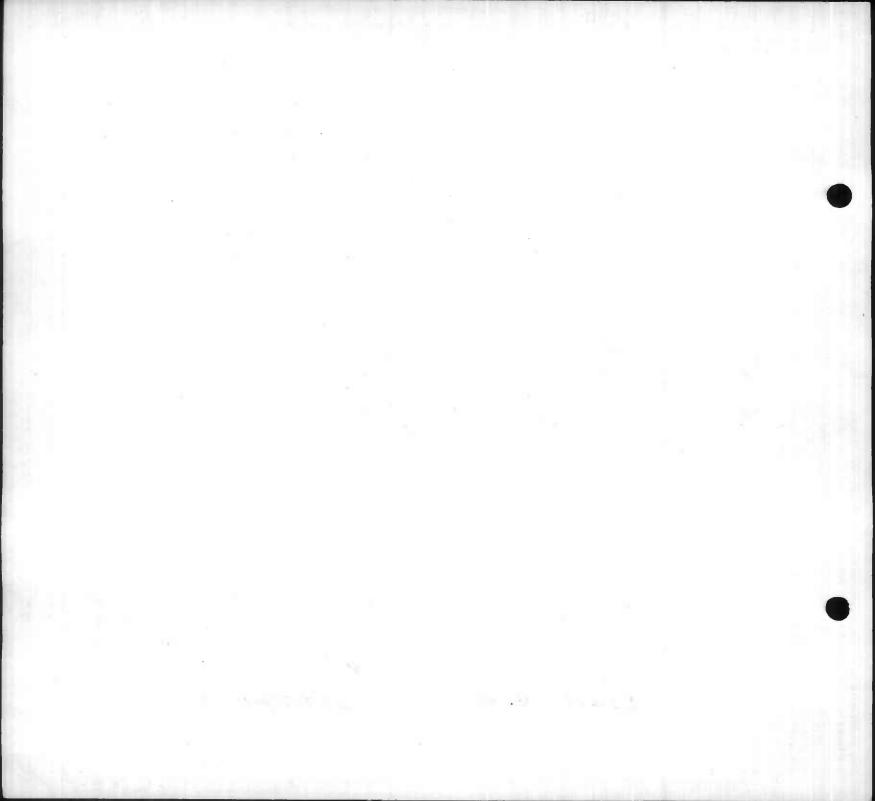


M.	E CASE NO.								
1. (Tv	NAME OF DEC	EASED					2. DATE AN	D HOUR PRONOUNCED	DEAD
,,,		D	ENNIS	A. MOOI	DY		Feb:	ruary 2, 1965	11:45 A _M
3. 1	LACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	EN CE (Where	deceased fived. If instituti	ion: residence before odmission)
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT I	N HOSPITA OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO		e corporote limits, write Rt	
		110 N	Str	icker S	treet	D. STREET ADD	rimore	give location)	
		110 1	· DCI	TORCE D	CICCC			icker Street	
5. 9	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male	Negr		5/		2-18-	1910	54	Months, Doys Hours Min.
	. USUAL OCCL o during most of v			TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
122		bore M	AN			BAILO	., Ma	4	USA
13.	FATHER'S NAM	NNI	s N	100d	y	2+e	1 A	Moody	
	WAS DECEASE				16. SO CIAL SECURITY NO.	17. INFORMANT	/	JA	DDRESS
1	485		W I	· service/	312-18-9518	Jennie	, Jen	tins. 825	N. Gilmore S
	18.	0 1			CAUSE	OF DEATH		The second	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONE		RECTLY	Ties				
	(This does n	LEADING T	mode of	dying, e.g.,	(A) Uren		and ab-		
	heort foilure,	This does not meon the mode of dying, e.g., DUE TO severe acute and chronic injury or complication which coused death.)							
	A	NTECENDEN	IT CALISE	c	pye	lonephriti	LS		
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	RISE TO TH	E ABOVE CAT	USE (A) ST ON LAST.	ATING THE					In a second second
Z					(C)			***************************************	
CERTIFICATION	TO THE		NOT REL	CONTRIBUTION					
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0	UTING CAU			etc.)					
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	resul	ted from: No	otural cou	ses X A	ccident Suicide			Indetermined monner (
	ACTUAL	()	/ -	9 6	70			AMINER	DATE SIGNED
	SIGNAT	URB	M	L. KY	Sellin M.D.	ASSISTANT MI		matters.	0 0 65
	EXAMIN NAME (Jol	nn E. Adams, N	ASSOCIATE M	EDICAL E	KAMINER	2-2-65
	BURIAL CRE	MATION, 238	B. DATE	230	nn E. Adams, No. NAME of CEMETERY of		23 D. L	OCATION (City, to	wn, or county) (Stote)
KEA	BURIA	1 2	2-5-	65 1	BAlto. NA	+11	V.	Balto.	C,44 Md.
24/	DATE REC'D	BY HEALTH		248. NAME		24C. FUNERA	AL DIRECTOR		ADDRESS
		FEB 5	1965	Role	or E. Sadley M.D	Mort	on+	Dyett F.H.	916 Penna A.



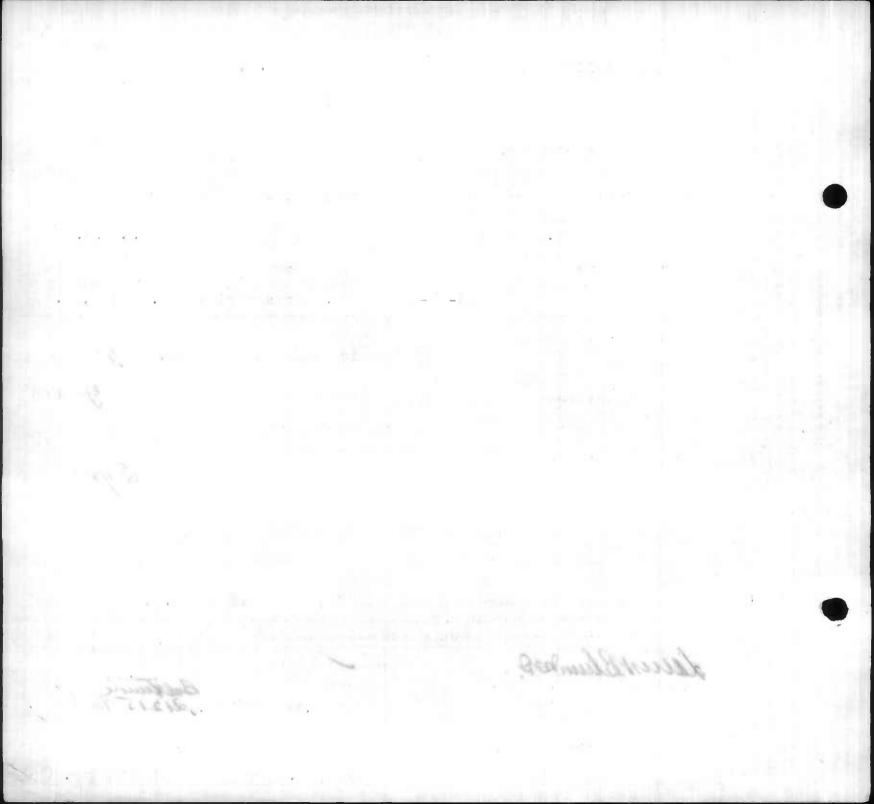
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	t be	sed	Spit	leat	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death or house. (1) An accident of any nature. (2) Rody burns. (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such wriften approval must be obtained before the remains are embalmed or final disposition is made.	
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05 4040	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE ADAD
ыктн но. 65 1316	CERTIFICA	TE OF DEATH	Registered No	65 1315
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AN	D. HOUR OF DEATH	
Type or Print! SARAH J.	GRAY	2	12/15	10 P.M
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution; residence before admission
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tion, give street	gred.	2	-1-01
INSTITUTION		1200	4	URAL and give township)
743 W. Cross.	St.		ural, give lacation)	
//0		743 W.	Cross	Lx (30)
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	12 8/1897	ost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, eyen it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHEL ACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Thusewife at	Lhome	Elmsylv	ranca	Q.J.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE >	
Crank . 6.m	rick	Illa		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of serv	SECURITY NO.	17. INFORMANT		ADDRESS
NO		Therley 2	raus /	Some)
18. 350 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a.t.	Cardiae For	all me hou
(This daes not mean the mode of dying,			/	
heart failure, osthenia, etc. It means the dis- injury or complication which caused death.)	8058,	Parel a	atours.	10-2-10
ANTECEDENT CAUSES	(B)	1 a souper	J	10 spears
DISEASES OR CONDITIONS, if any, g	iving	,		
rise to the obove couse (A) stoting UNDERLYING CONDITION lost,	ine (C)	6		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING -	The State of		
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes at No	20B. IF YES. WERE I	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21& PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (I) (this haspital) attend			9 5 % to	Feb 31 1963
that (I) (we) lost sow the deceased alive	70-3	1 6.		nion death accurred on the do
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23A. SIGNATURE	/1 /1 /1 (Hay (ara) (alla Hot)	TION THE DOLY WHEN DEGING		238, DATE SIGNED
77711 2	- CHANZ M.D. AT	tending Med. Director	Stoff Phys.	701,4,196
23C. PHYSICIAN'S	7	23D. ADDRESS	,	100//1
NAME (Type) LOUIS J G	LASS M.D	320 Patap	soo are	
244 BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY of C		OCATION (CI	ty, tawn, or caunty) (State)
REMOVAL (Specify)	Ala. 71.	Conte on	B	no I
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRARY	25C. FUNERAL DIRECTOR	n Junie	ADDRESS
FEB 5 1965 R.C.	ME OF REGISTRAR DEMMA	John O Com	an · Sou -	Jue. 901 Hallins
VS 150-REV. 1/1/65			, , , , ,	Button Del.

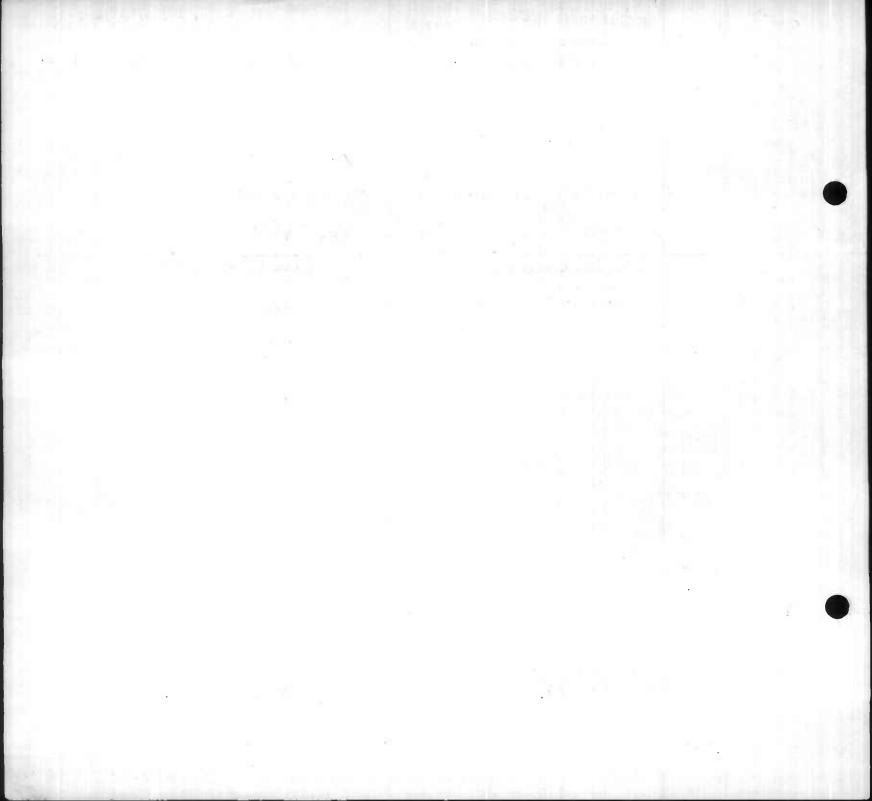


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	TH NO.		CERTIFIC	ATE OF	DEATH Regist	ered No	65 1	01/
M.E	E CASE NO.				2. DATE AND HOUR O	OF DEATH		
(Tur	on or Print)	m Stuhi	n		Feb. I, 196		13	
3. F	Charles Willia	MARYLAND		4. USUAL RI	SIDENCE (Where deceased			re admission)
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)	NSTITUTION			Pasad		,	52-01)
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	Take Dilae Mul	aring hor	IIIO	II9	Reveria Driv	70		
5. 5	EX 6. RACE	7. MARRI	ED, NEVER MARRIED	8. DATE OF E	IRTH 9. AGE (In	years	If Under 1 Yr. , If t	Jnder 24 Hrs.
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104	. USUAL OCCUPATION (Give kind of	of work 10 B. KIND					12. CITIZEN OF WHAT COUNTR	
	e during most of working lile, even if re							Y?
13.	ridge Tender Re	9 T.		Germ	ANY MAIDEN NAME		U. S. A.	
2.5	George Stuhr				ınknown			
15. (Yes	Was Deceased Ever in U. S. Arme s, no or unknown) (If yes, give war a NO	ed Forces? or dotes of servic	2 15-01-238	17. INFORMA	_{NI} R amonaFeari n	an Mit	ADDRESS	1.3
			×19-01-896	4 Mrs.	Kamonar ear II	NIC.	· WITSON,	u.
	No. 334X 1		CAUSE	OF DEATH			INTERVAL B	
	DISEASE OR CONDITION							DEATH
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	(This does not mean the mod						0	,
	heort foilure, osthenia, etc. 11 m		ise,					
	injury or complication which co	oused death.)		nahnal	Vecculer Ce	nemeli	and M	MIL
		oused death.)		rebral	Vascular Ge	nerali	zed He	ears
	ANTECEDENT CA DISEASES OR CONDITIONS,	oused death.) .USES if ony, givi	(B)C€			nerali	zed ye	ears
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CERTIFICATE OF DEATH	Film G584, 10/11/83	BALTIMORE CITY	HEALTH DEPARTMENT F 1	1m G584, 10/25	7/83 11/010
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and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE ABUTAL State M.D. Attending Med. Director Phys. 23C. PHYSICIAN'S Schoff Phys. 23C. PHYSICIAN'S Schoff Phys. 23D. ADDRESS MAME (Type) M.D. Med. Director Phys. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel Removal (Specify) Phys. 3A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR WAS PALL PHYSICS Phy		1.01	A COMPANY	/ / /	
23A. SIGNATURE ABOVAL A SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 23D. ADDRESS M.D. 15/9W. Domhardst. Balkinson Ref. 24D. LOCATION (City, town, or county) BUPIAL 1-665 MT. TABOR SA. DATE REC'D BY HEALTH DEPT. 5A. DATE REC'D BY HEALTH DEPT. FEB 5 1965 Robert Standards Comment of Comments		,		it in(my) (vor) apinian	death accoursed an the da
Attending Med. Director Direct	and haur and fram the causes stated ab	ove. (I) (We) (did) (did_net) vi	ew the bady after death.		
Phys. Director Phys. 23D. ADDRESS NAME (Type) MORRIS & SCHREIDER M.D. 1519W. Sombardst. Galkinson Ref. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel BURIAL CREMATION) BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY BERKELEY SPRINGS W. VA 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DATE. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR WAS FALL APPRESSED TO LANGUE OF CREMATORY PHYS. 25C. FUNERAL DIRECTOR PHYS. 25C. FUNE	23A. SIGNATURE	12		23 B.	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) MORRIS & SCHREIDER M.D. 15/9W. ComplandSt. Balkinson Mach. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BUPIAL 1-665 MT, TABOR BERKELEY SPRINGS W. VA 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DAME. FEB 5 1965 Robert E. STANDAMIN 25C. FUNERAL DIRECTOR WAS FUNDERAL APPRESSED.	Aldres 115-1-6101	Alex M.D. Atter	iding Med.	Stoff	
NAME (Type) MORRIS & SCHREIDER M.D. 15/9W. ComplandSt. Fallfurme Ref. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY BURIAL Specify. BURIAL Specify. BERKELEY SPRINGS W. VA. 5A. DATE REC'D BY HEALTH DEPT. FEB 5 1965 Religionar Depth Specific Control of Country C	23C. PHYSICIAN'S	N		tily s.	1
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stotel REMOVAL (Specily)) BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY BERKELEY SPRINGS W. VA. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DIMENTION OF COUNTY) FEB 5 1965 Polent C. Tallouth C.	NAME (Type)		151061 No	(a. DSF 1301)	Genore Reel
BUPIAL 1-665 MT. TABOR BERKELEY SPRINGS W. VA. SA. DATE REC'D BY HEALTH DEPT. FEB 5 1965 Robert E. Tarbuy M. 1 FEB 6 1965 Robert E. Tarbuy M. 1 FEB 7 1965 Robert E. Tarbuy	Liconalis St.		19/20.00m	are ! lead	
BUPIAL 1-665 MT. TABOR BERKELEY SPRINGS W. VA. 5A. DATE REC'D BY HEALTH DEPT. FEB 5 1965 Poleut E. tarbuy M.A. FEB 5 1965 Poleut E. tarbuy M.A. FEB 6 1965 Poleut E. tarbuy M.A. FEB 7 1965 Poleut E. tarbuy M.A. FEB 7 1965 Poleut E. tarbuy M.A. FEB 8 1965 Poleut E. tarbuy M.A. FEB 7 1965 Poleut E. tarbuy M.A. FEB 8 1965 Poleut E. tarbuy M.A. FEB 8 1965 Poleut E. tarbuy M.A. FEB 8 1965 Poleut E. tarbuy M.A. FEB 9 1965 Poleut E. tarbuy M.A. FEB 1965 Po		24C. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (City, to	wn, or countyl (State)
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THERE SO TO THE SECOND	DUTTL. / 6 60	19/ 10halo	720	a Velie	
THERE SO TO THE SECOND		191, 1ADOR	00	RKELEY SPR	ings W. VA.
\$ 150_BEV_1/1/65	25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	00	RKELEY SPR	AL POSTE 1
3 130-RL 7, 17 (7 0 3	25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF PEGISTRAR RUMAN	00	RKELEY SPR WAS FUNGE Phillie 210	AL PASSE 1 Huduck a



AutopsyX

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

Suiclde

M.D

23C. NAME of CEMETERY or CREMATORY

and that an this basis, death in my apinian

23 D. LOCATION

Leeshurg

Hate Bros. Farrerol Home

Undetermined manner

DATE SIGNED

(Stote)

1 - 31 - 65

621 Fla ave, NW

(City, town, or county)

Inspection

Accident

John E. Adams,

248, NAME OF REGISTRAR

22.

I certify that I held an Inquiry

23B DATE

resulted from

ACTUAL

23A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

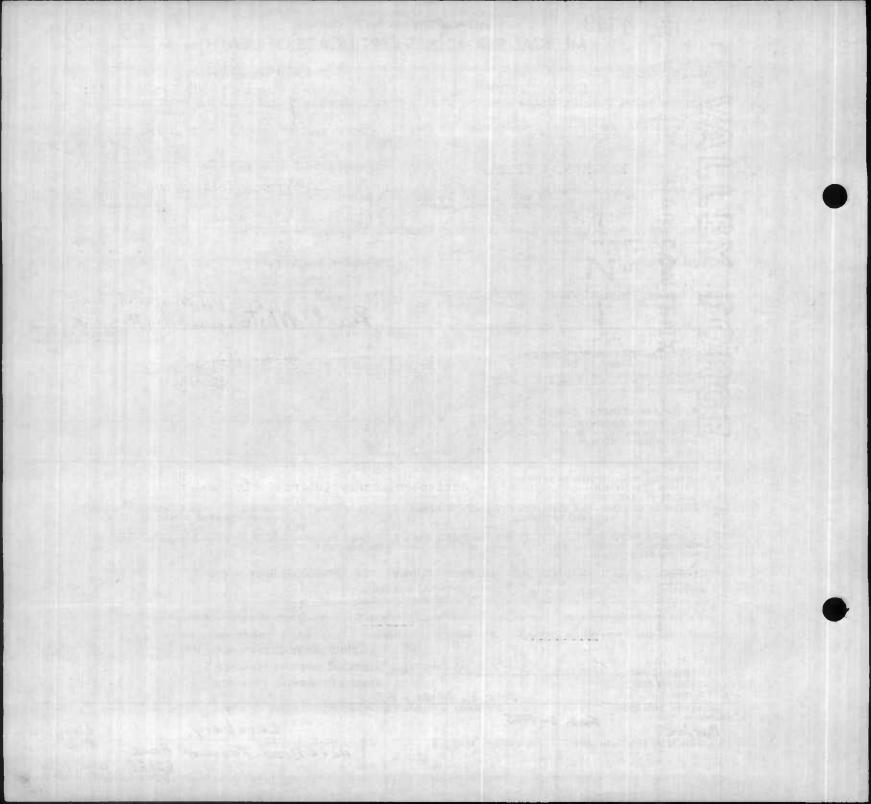
SIGNATURE

EXAMINER'S NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.

Natural causes X

Feb. 6-1965



1 pu	1200
65	1320

BALTIMORE	CITY	HEALTH	DEPARTMENT	

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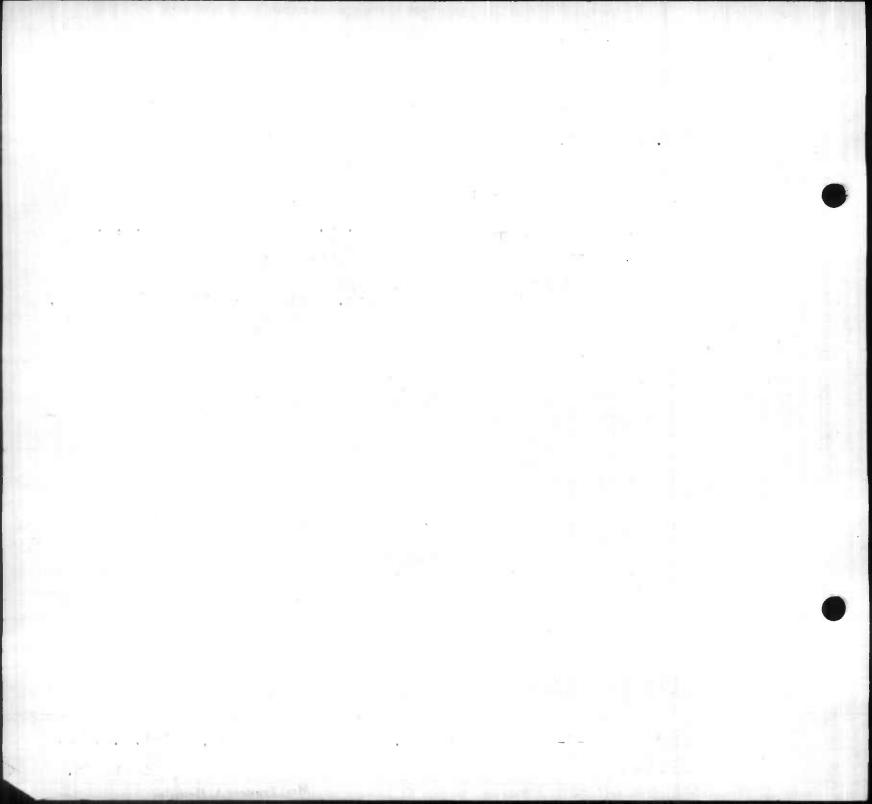
60	TOCO		A A A A D LED LO GE		D = 4 = 11	65 1320
BIRTH NO.	MED	ICAL EX	CAMINER'S CE	RTIFICATE OF	DEATH Register	ed No. 10CU
M.E. CASE NO.						
. NAME OF DECE	ASED				D HOUR PRONOUNCE	
Type or Print)	BENJAMI	N D	GALLANT	Janua	ary 23, 1965	7:35 P.
B. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. COUI	nution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outsid	-AMB	PILPAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	A IION)			MORE	2-02
Church	Home and Ho	snital			give location)	
Ond Ch	Home and Ho	op z ou z		1 1 m	DURHAN	2 ST
5. SEX 6.	RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
Male	White		RMARRIED	JUNE 9 191	/ 53	
	ATION (Give kind of wor			11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
done during most of wo	orking life, even if retired)	mist.	K STEAMSHIP	CANAD	Δ	WHAT COUNTRY?
3 FATHER'S NAME	MAN	17/5/10	X DIEBITS HIP	14. MOTHER'S MAIDEN NAM		U.5 A.
٠	TIlanos	(11	LANT		,	
/	140M140	646	U/3' 4 /	UN	K.	ADDRECC
5. WAS DECEASED Yes, no or unknown),(I	EVER IN U.S. ARMED	o FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
465	WORLD WA	11	100-12-422	WILLIAM TE	RENCH 23	35 DURHAM S
18.	VULLED VI	7	CAUSE	OF DEATH	MARKE IT CO	INTERVAL BETWEEN
476	XI					ONSET AND DEATH
	OR CONDITION DI		Rilat	eral Lobar Pneur	monita.	
	t meen the mode of osthenio, etc. It meens		DUE TO			
injury or comp	osthenio, etc. It meons plication which coused	deoth.)				
		m 6				
	R CONDITIONS, IF A		(B)	*		
RISE TO THE	ABOVE CAUSE (A) S	TATING THE	DUE TO			
	G CONDITION LAST.		(C)			
OTHER SIGNI						
OTHER SIGNI	II IFICANT CONDITIONS	CONTRIBUTII	NG			
TO THE D	EATH BUT NOT RE	LATED TO T				Section of the section of
—	OPERATION CAUSING		WHICH OPERATION	20A, AUTOPSY? (Yes or No)	208 IF YES WERE FIN	DINGS CONSIDERED
O S		REPORMED	WINCH OFERATION	Yes	IN CERTIFYING CAUS	ES OF DEATH?
ZIA, EXTERNAL	CALLSE WAS	210	DIACE OF INITIBY (-		(If in Beltimore City	Yes
O UNDERLYING C	OR CONTRIB-	home	, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	in boinmore City, giv	e exect tocollen/
UTING LCAUSE	E OF DEATH.	etc.)				
	(Month) (Doy) (Yeo	or) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		\	WHILE AT NOT	WHILE		
22.		m. \	VORK LAT W	OKK L		
	fy that I held an	Inquiry			Is basis, death In m	y apinion
resulte	ed fram: Natural ca	uses X	Accident D Suicide	Hamleide	Undetermined manne	r .
			1	CHIEF MEDICAL EX		
ACTUAL	01		1/-			DATE SIGNED
SIGNATU		illes)	1 alley M.D.	ASSISTANT MEDICAL EX		1/24/65
EXAMINE NAME (T		s S. Pe	tty, M.D.	ASSOCIATE MEDICAL E	XAMINER	
23A. BURIAL CREM			C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City,	town, or county) (Stote)
REMOVAL (Specify)	L. TED.	115	BAITIMARE	MATIGARI	FREDERI	ru RD MC
SUR!		248 NAAAF	OF REGISTRAR	24C FUNERAL DIRECTOR		ADDRESS
24A. DATE REC'D B			OF REGISTRAR	24C. FUNERAL DIRECTOR		
r	EB 5 1965	Valent	JE, Jaken M.A	N. 61 20 1	Sep 1800	E LOMBARO
145 1/1 9FM 1/144	*			way per	777 1900	



VS 150-REV. 1/1/65

05 4994	BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO. 65 1321	CERTIFIC	ATE OF DEATH Register	ed No. 65 1321
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DRUEY S.	Paschall	2, DATE AND HOUR OF	FOR !
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. COUNTY	ved. If institution: residence before admission
FULL NAME OF (If not in hospital of oddress or location) INSTITUTION	or institution, give street	1 11.11.	s, write RURAL and give township)
27 N. Carey St.		D. STREET ADDRESS (If rurol, give foc	otion)
SEX M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 3-7-1878 9. AGE (In yellost birthday)	ors If Under 1 Yr. If Under 24 Hr Months Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	None	N. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Thomas Paschall		14. MOTHER'S MAIDEN NAME Emma ?	
5. Was Deceased Ever in U. S. Armed Forc Yes, no or unknown) (If yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT MES. Mamie Paschal	ADDRESS 1 818 Brooks La.
injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO	ony, giving stating the (C)	1/5llese	
DISEASE OR CONDITION CAUSING IT	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg, INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED White At Not W Work At We	ork U	-7.1
22. I certify that (1) (this hospital) that (1) (we) last saw the decease and have and from the causes stat	d alive an $H\Lambda 3$	1965 and that in (my) (aur) aplnion death accurred an the da
23A. SIGNATURE 23C. PHYSICIAN'S	M.D.	Altending Med. Stoff Phys. 23D. ADDRESS	23 B. DATE SIGNED 2 - 3 - 6 5
NAME (1) OFT 24A. BURIAL CREMATION, RAB DATE REMOVAL (Specify)	MASS MALE OF CEMETERY OF	o. 403 Meda	(City, town, or county) (Stote)
Burial 2-6-6:			
FEB 5 1965	Pole E E Tarley M.	25G. FUNERAL DIRECTOR	578 WADDRESS Lew Biddle St.

(Mrs) Frances A. Hemsley



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

RAIT	TIMORE	CITY	HEALTH	DEPARTA	AFNIT
DAL	IMOKE	CILL	DEALIB	DELWKIN	VELAT

ME CASE NO.	5 1322	CERTIFICA	TE OF DEATH	Registered No.	65 1322
NAME OF DEC		octors File-bath		ND HOUR OF DEATH	/
		RGARET Elizabeth	I'eb	ruary 1, 19	
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospitol address or localic	or institution, give street in)	Md. C. CITY OR TOWN (If or Baltimore	NTY	nstitution: residence before odmission 2603 RURAL ond give township)
	36.75		3813 Belair	Road #13	
. sex Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	working life, even if retired)	at home	11. BIRTHPLACE (State or fo Baltimor Maryland	reign country)	112. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA		00 11000	14. MOTHER'S MAIDEN NA	AME	
Frank Pf	ister		Genevieve ?		
5. Was Deceoses	Ever in U. S. Armed Fon) (If yes, give wor or dat	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT (SON		ADDRESS
			Edward Backer	t Rt. 2, Box	33 Fallston, Md.
DISEASES iise Ia Ih UNDERLYIN OTHER SIGN TO THE I	ashenia, etc. II mean: mplication which couse ANTECEDENT CAUSE: OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	d death,) S (B) OUE TO any, giving stating the (C) CONTRIBUTING ATEO TO THE			
		NDITION FOR WHICH OPERATION REORMED	20A. AUTOPSY? (Yes or)	No. 208. IF YES, WERE IN CERTIFYING CA	FINOINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DATE OF wedical examiner	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, a etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED While At Not While Work At Work		IJURY OCCUR?	
that (I) (we) lost sow the deceos	ed alive an Febe 1 9 19 ated above. (I) (We) (did) (did not)	965 19 ond	that in (my) (our) op1	b. 1 165
23A. SIGNAT	4 Q. Agu	und, fr. M.O. Att.	ending Med. s. Oirector	Stoff Phys.	2/1/65
NAME (Fausto Q. Aqu	ino, Jr. M.D.	1400 N. Ca	roline Stree	
Burial CRI Burial	Capecify) 248. DATE 2/5/	24C. NAME of CEMETERY or CR /65 Holy Redeemer Co		Baltimore,	Md. AODRESS

FEB

VS 150-REV. 1/1/65

1965

5

funeral director nimunek Funeral El Brehms. Lane Home, Inc.

AODRESS

Family of Agens of

VS 150-REV. 1/1/65

BALTIMORE	CITY HEALTH DEPARTMENT
M.E. CASE NO.	CATE OF DEATH Registered No. 65 1323
(Type or Print) RENA F. SMI	TH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) TISTITUTION	C. CITY OF TOWN (It outside city limits, write RURAL and give township)
Church Home & Hosp.	D. STREET ADDRESS (If ruiol, give location)
	625 S. Macon St #24
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ioa. Usual occupation (Give kind of work los. KIND of Business or INDU done during most of working life, even if refired) housewife James Gibson	WHAT COUNTRY?
housewife at home	Virginia US H
James Gibson	Ella Reynolds
15. Was Deceased Ever in U. S. Armed Forces? ((Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
SECONIT NO.	Horace E. Smith, husband, above
heort failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	Shock. 20 to # A
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes o Noil) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6 home, lorm, foctory, street of the contribution o	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not	While Work
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At \(\) 22. I certify that (I) (this hospital) attended the deceased from	3, 10 au 19 10 5 45 au 19
that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinion death accurred an the date
and hour and from the causes stated above. (1) (#6) (dia) (did n	
23A. SIGNATURE arrage M.D.	Attending Med. Stott Phys. 238, DATE SIGNED
23C. PHYSICIANS NAME (Type) HNTOINE ARRACE	23D. ADDRESS
MINICOLINIC ITINALIC	M.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of Burial 2/5/65 Oak Lawn Ce	CREMATORY 24D. LOCATION (City, town, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Burial 2/5/65 Oak Lawn Ce 25A. DATE REC'D BY HEALTH DEPT. FEB 5 1965 Coloub E. Tankup	3331 Brehms Lane

Will have go I will 3.00 arms are - April Tours &

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(If rurol, give location)

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

8:45 P.

 	-						
 		2.	DATE	AND	HOUR	OF	

Maryland

D. STREET ADDRESS

Baltimore

M.E. CASE NO.65	1324	CERTIFICATE OF	DEATH	Registered No.
1. NAME OF DECEASED			2. DATE AND	HOUR OF DEATH
(Type or Print)	Marv	Kelleher	2-2-65	

PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND	

BIRTH NO.

FULL NAME OF

Housekeeper

13. FATHER'S NAME

HOSPITAL OR

INSTITUTION

5. SEX

3.

(If not in hospital or institution, give street oddress or location) Baltimore City Hospitals

4940 Eastern Avenue Baltimore. Maryland

MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

John Groeninger

1053 Horner's Lane B. DATE OF BIRTH

9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Doys Hours lost birthday) 74

and give

12. CITIZEN OF

WHAT COUNTRY?

ADDRESS

U. S. A.

11-18-90 White Married 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) done during most of working life, even if retired)

> Pennsylvania 14. MOTHER'S MAIDEN NAME

> > DECODED. D C H

Elizabeth ?

John Noel

6. RACE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT

Arrania

	ZIZ-ZU-4000 RECORDS: B.C. H. 4940 Eastern Ave	mue were
18. 153 1 I	ONSI	TAND DEATH
LEADING TO DEATH	(A) Rule Out Pulmonary Emboli	
(This does not mean the made of dying, heart foilure, osthenio, etc. It means the disinjury at camplication which coused death.)	e.g., DUE TO	pu v v mm muunumma v irid iridrid m v iridrid (10 00 ib 00 00 00 00 00 00 00 00 00 00 00 00 00
ANTECEDENT CAUSES	(B) Transverse Colonic Carcinoma	
	giving	
rise Ia the abave couse (A) stoting UNDERLYING CONDITION Iosi.	g the (C)	
11		

Į		- 11			
I	OTHER SIGNIFICANT	CON	DITION	IS CONT	RIBUTING
ı	TO THE DEATH	BUT	NOT	RELATED	TO THE

Aspiration Pneumonitis DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED Yes Yes

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined etc.)

(If in Boltimore City, give exact location)

21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED OF INJURY White At Not While [(APPROX.) Work At Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from

19 65

65 that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE					23 B. DATE SIGNED
Che	hamant	M.D. Attending	Med. Director	Stoff Phy s	2-2-65
23 C. PHYSICIAN'S		23D. ADDRES	SS	,	

NAME (Type) M.D. Schuster 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY

4940 Eastern Avenue

24D. LOCATION

2/6/65 Burial Holy Redeemer Cemetery Baltimore,

Schimunek Funeral Home, Inc. 3331 Brehms Lane ADDRESS

IMPORTANT

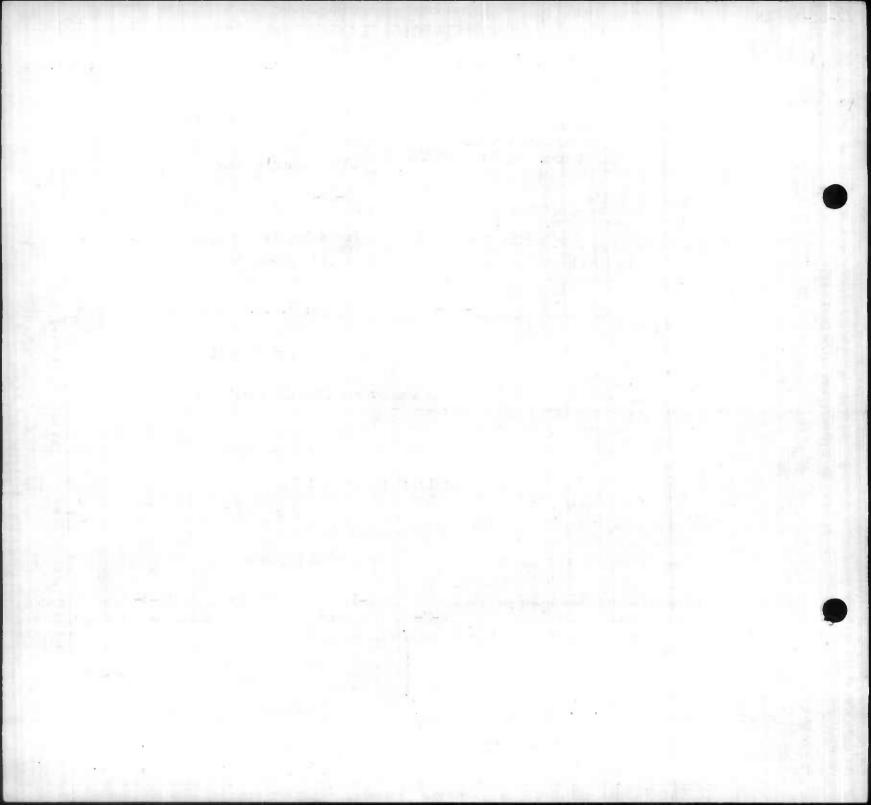
FUNERAL DIRECTOR:

the body was released shows: (1) An accident approval prior ā D.O.A. eceased

REMOVAL (Specify

258. NAME OF REGISTRAR

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the body was released to the hospital shows: (1) An accident of any nature; (was D.O.A. at a hospital (except whe deceased prior to death); and (6) No written approval must be obtained be

05.4	225	BALTIMORE CITY	HEALTH DEPARTMENT		OF LOS
BIRTH NO. 65 1.	323	CERTIFICA	TE OF DEATH	Registered Na	65 1325
1. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALL	Cray Acee		Februa 4. USUAL RESIDENCE (When A. STATE B. COUN	ry 3, 1965	9:05a M.
HOSPITAL OR oddre	in hospital or institution, as or location)	give street	Maryland	l	13-09
INSTITUTION	dent Hospita	1	Baltimor		ORAL ONG GIVE TOWNSHIP!
	Division Str		D. STREET ADDRESS (If r		
	more 17, Mar		2802 Auchent	oroly Term	ace
5. SEX 6. RACE Male Neg	7. MARRIED WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) DOWN	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
IDA. USUAL OCCUPATION (Give done during most of working life, ex	. kind of work 10B. KIND O	F BUSINESS OR INDUSTRY	//		12. CITIZEN OF WHAT COUNTRY?
		6	CHADRUUI	RN N.C.	U.S.A.
CUSTODIA 13. FATHERS NAME	, , , , , , , , , , , , , , , , , , , ,		CHADBOUL 14. MOTHER'S MAIDEN NAM	AE	
, 1					
UNK,	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
15, Was Deceosed Ever in U. 3 (Yes, πο or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.		1 sister 2	ADDRESS 523 8926 903 Parkwood Ave.
1B. / / / 3 A / 1		CAUSE O		T, DIBUCI E	INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY				ONSET AND DEATH
LEADING		w Cere	bral Hemorrhage		2-1-65:2-3-65
(This does not mean th				P-0-0 0-0-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
heart foilure, asthenio, et injury or complication w					
ANTECEDEN	IT CAUSES	(в) Нуре	rtensive cardio	vascular d	isease
DISEASES OR CONDIT	TONS if any giving	DUE TO			
rise to the obove	couse (A) stoting the				
UNDERLYING CONDITION	ON last.				
OTHER SIGNIFICANT COL TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO TH	ig HE Pulmonary	Edema		
DISEASE OR CONDITION 19A. DATE OF OPERATION			20 A. AUTOPSY? (Yes or No.	20 B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
U 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa	USE OF ho	me, form, foctory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
0 21 D. TIME (Month) (1	Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY	w	hile At Not While ork At Work	e		
				7	
22. I certify that (1) (th			bruary 1,	965 to Febru	uary 3, 1965.
that (I) (we) last saw t	he deceased alive an	February 3,	19_65and the	at in (my) (aur) apir	nian death accurred an the date
and have and from the	auses stated above.	(1) (We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE					23 B. DATE SIGNED
		M.D. Att	ending Med. Sirector	Stoff Phys. X	February 3, 1965
23C. PHYSICIAN'S	7 11, 5	Phy	23D. ADDRESS	Phys.	rebluary), 190)
NAME (Type)	yeurs M. 1	1 anayers			
	erto M. Mana	nkil M.O.			more, Maryland
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C.N	AME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (Cit	ty, town, or county) (State)
Burial	2-6-65	mr. Clarke	un Ba	Elimon	Ind,
25A. DATE REC'D BY HEALTH	DEPLOT 268. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	e su	und ADDRESS me
FEB 5	1960 Olever	LE dansen	Theren	021- 8 1 21	L'erae.
VS 150-REV. 1/1/65			1931 21	The A	



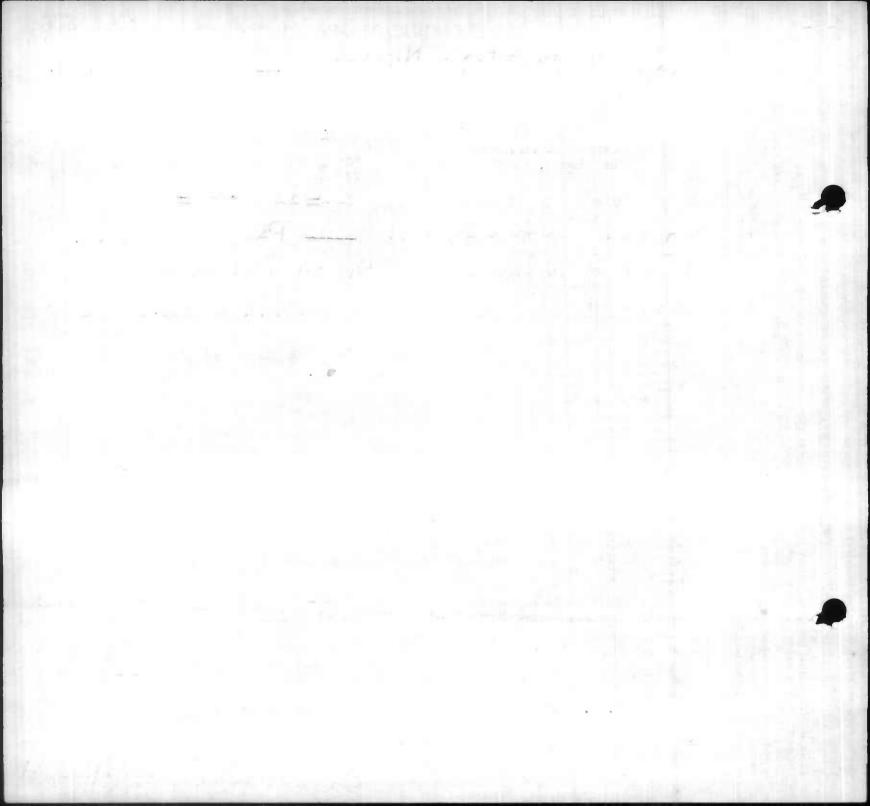
V\$ 150-REV. 1/1/65

Registered No. CERTIFICATE OF DEATH BIRTH NO. of death Deceased Such M.E. CASE NO I. NAME OF DECEASED ALFONSE NICHOLS 2. DATE AND HOUR OF DEATH Homas (Type or Pright uo 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Alfred Nicholas hospital .VAS eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance A. STATE B. COUNTY Undetermined cause; (5) cause Maryland c. city or town FULL NAME OF (If not in hospital or institution, give street 0 HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) attend INSTITUTION 10 O Baltimore City Hospitals Baltimore D. STREET ADDRESS prior 4940 Eastern Avenue (If rurol, give location) contributing occurred 504 North Patterson Park Avenue Baltimore, Maryland #21224 regular mad 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years 5. SEX B. DATE OF BIRTH 6. RACI deceased Male White Divorced 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) = HOME IMPROVE. deat 0 ACHINIST Was 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME the direct (4) UGUST eath LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT kind final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance O any pronounced OF CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH (A) Anaplastic Carcinoma Metastatic fracture (This does not mean the mode of dying, e.g., from Lung. heart failure, asthenio, etc. It means the disease, examiner. gular injury ar camplication which caused death.) ANTECEDENT CAUSES ho DUE TO 10 are DISEASES OR CONDITIONS, if ony, 4 3 3 to the above couse (A) stoling the physician the remains UNDERLYING CONDITION last. Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE Congestive Failure DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 0 0 WAS PERFORMED before Yes by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where to the hospital S. DEATH (notify medical examiner) etc. any nature; MEDIC 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except approved Not While While At (APPROX.) Work At Work and 1-8-19 65 22. I certify that (I) (this hospital) attended the deceased from 65 2-1 death); 19 pe that (1) (we) lost sow the deceased alive on... of hospita the body was released must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. An accident 23A. SIGNATURE must Attending Stoff M.D. Med. 40 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior to NAME (Type) M.D. Dr. M. Schuster 4940 Eastern Avenue shows: (1) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION o REMOVAL (Specify) Ö 3 ARNEL -65 25A. DATE REC'D BY HEALTH DEPT. Was FUNERAL DIRECTOR 25B. NAME OF REGISTRAR 70

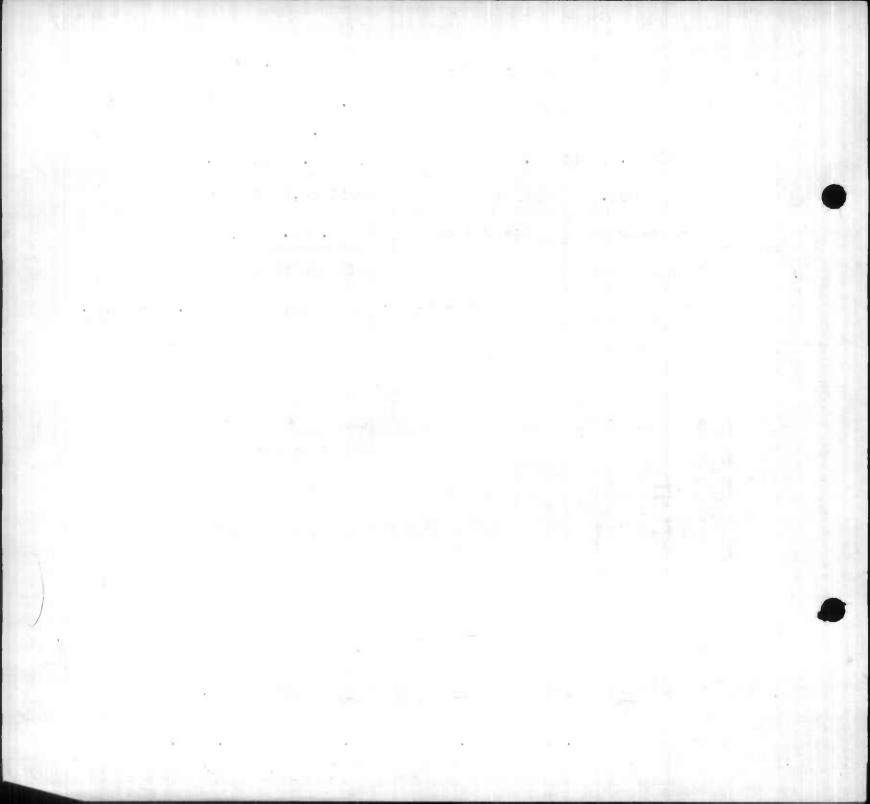
BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. DUCHROWSK ADDRESS RECORDS: B.C.H. 4940 Eastern INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (If in Baltimore City, give exact location) 19 65 ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED ND.

6:15 P.



		BALTIMORE C	CITY HEALTH DEPARTMENT	at an	
M.E. CASE NO	55 1327	CERTIFIC	CATE OF DEATH	Registered No. 65 132	7
1. NAME OF D (Type or Print)	ECEA SED	CE M. BIDDLE		2,1965 (:30 H	7
FULL NAME HOSPITAL OINSTITUTION	R oddross or locotio	or institution, give street	Md.	deceased lived. If institution: residence before	
152	4 N. Mount	St.	D. STREET ADDRESS (If rule 1524 N. Mount	t St.	
Male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	April 14,1905	59 Months Doys Hours	der 24 Hrs Min.
done during most	of working life, even if retired) OPER	Box factory	Balto. Md.	WHAT COUNTRY?	
done during most Lab 13. FATHER'S N Charle			Sadie Frazier	E	
	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	es of service) SECURITY NO.	17. INFORMANT	1524 N. Mount St.	
(This daes heart failur injury ar continuity ar continuity ar continuity ar continuity are la underly)	ASE OR CONDITION DI LEADING TO DEATH In all meon the mode of e, aslhenia, etc. It meons omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost. II BNIFICANT CONDITIONS DEATH BUT NOT REL.	dying, e.g., sithe disease, I death.) ony, giving stating lihe CONTRIBUTING ATED TO THE	espiratory of bearing &	Lacture ONSET AND E	Z.
DISEASE C		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED	
DISEASE OF 19A. DATE	OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING 18UTING CAUSE OF	IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY(6.	g., in or obout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoto City, give exact location	n)
DISEASE OF 19A. DATE	OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING [BUTING [CAUSE OF fify medical examine)] (Month) (Doy) (Year)	ADITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e. home, form, foctory, street, otc.)	g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give exact location	n)



4	13	6)	0	
	3	L	0	

65	1328	BALTIMORE CITY HEA	ALTH DEPARTMENT	65 1328
BIRTH NO.	MED	ICAL EXAMINER'S C	CERTIFICATE OF DEATH Regis	tered No.
M.E. CASE NO.				
1. NAME OF DEC	CEASED		2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)	MARIE	E TAYLOR	February 3, 196	5 1:50 a .
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, wi	nite RURAL and give township)
1113111011011			Baltimore	166
			D. STREET ADDRESS (Il rurol, give locotion)	
Providen	t Hospital		1329 W. Lafayette	Avenue
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In year lost birthday)	s If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
female	colored	SEPARATED	AUG-3-1901 63	
	UPATION (Give kind of work working lile, even if retired)	Pur Family	RY 11. BIRTHPLACE (State or foreign country) RECUMBER 1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		10.000	14. MOTHER'S MAIDEN NAME	
SONNI	B. KICHAI	2050N	BELLE	
	D EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
110	yes, give wor or dole	2	FRATST WOODS 1329W	LOCAMETTE RE
1B. 1-1 -1 -1		213+36-0720	SE OF DEATH	INTERVAL BETWEEN
192	X	CAUS	SE OF DEATH	ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		,	
(This does the heart foilure,	not mean the mode of , osthenio, etc. It means mplication which coused		mla	
injury or con	mplication which coused	deoth.)		
	ANTECENDENT CAUSE	:S		
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)		
RISE TO TH	E ABOVE CAUSE (A) S'	TATING THE		
		(C)		
2	ll ll			
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE		
19A, DATE OF	P CONDITION CAUSING OPERATION 198, CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	
21A EXTERNA	L CAUSE WAS	218 BLACE OF INSURY		sive exect lenstion)
OUNDERLYING	OR CONTRIB-	home, form, lactory, street,	office bldg., INJURY OCCUR?	give exoct (aconom)
Z 21D TIME	(Month) (Doy) (Yeo	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT AT N	WHILE WORK	
22.	tify that I held an I		utopsy and that on this basis, deoth In	my opinion
resul	ted fram: Natural ca	uses Accident Suici	de 🗌 HomicIde 🗌 Undetermined man	ner
	7/10	- f - //	CHIEF MEDICAL EXAMINER	B
SIGNAT		letterny M.	D. ASSISTANT MEDICAL EXAMINER	2-3-65
EXAMIN	IER'S Rudiger B	reitenecken	ASSOCIATE MEDICAL EXAMINER	

REMOVAL (Specify)

246/65

PMY Unto 24A. DATE REC'D BY HEALTH DEPT.

FEB 5 1965 Policit E. Farbey H.A. VS 151-REV. 1/1/65

23A. BURIAL CREMATION, 23B. DATE

23D. LOCATION

23C. NAME OF CEMETERY OF CREMATORY

Bath MA (City, town, or county) (Stote)

Bath MA (Stote)

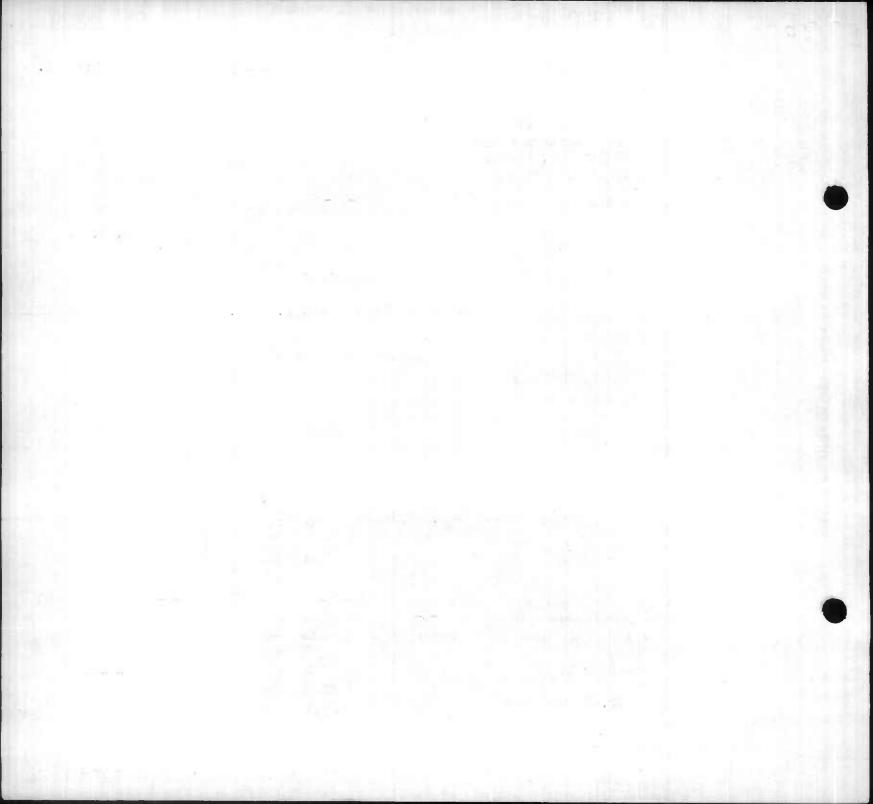
ADDRESS

Maro Garl P Hayer GS NG12 mo.

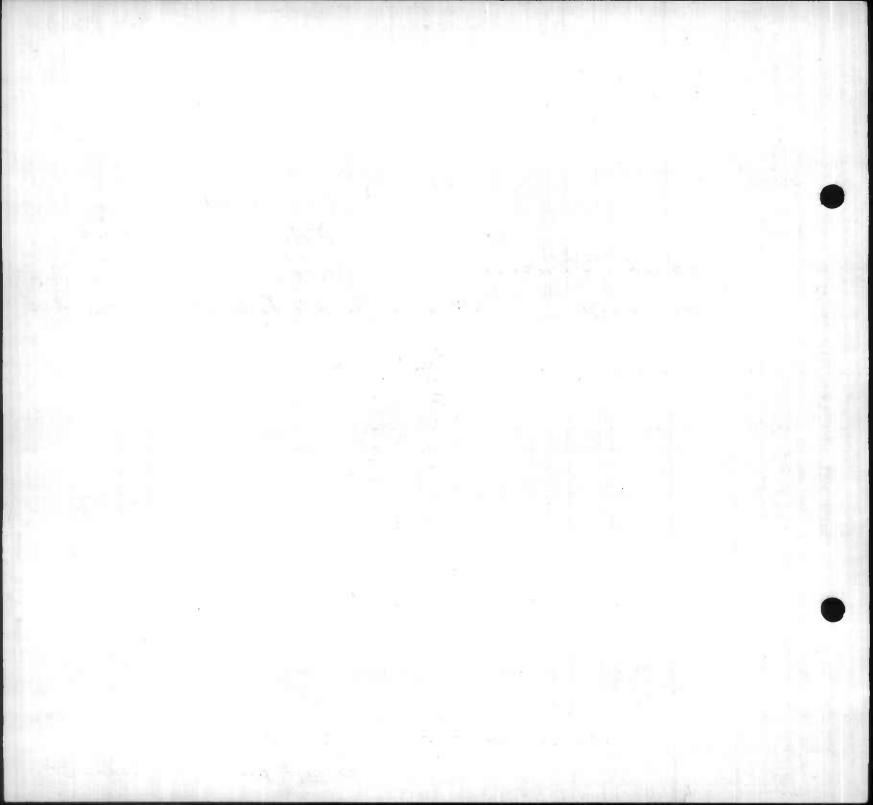
(City, town, or county)

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

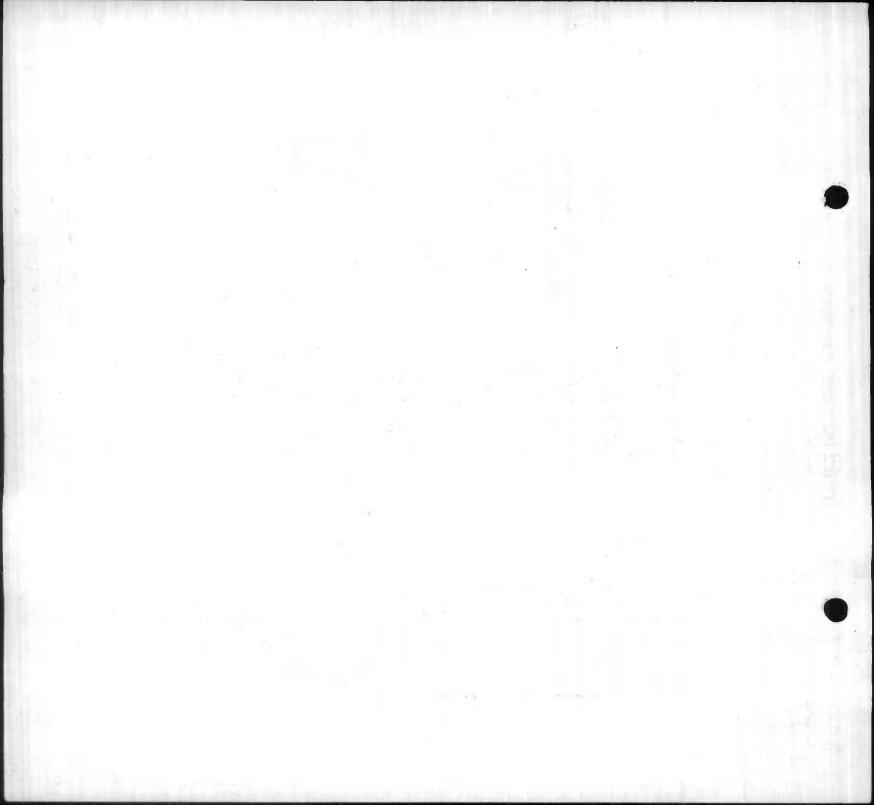
05 4000	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 4000
ыктн но. 65 1329	CERTIFICA	ATE OF DEATH Registered No.	. 65 1329
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
Type or Print) Klein L	eavev		
B. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE IWhere deceased lived. If	institution: residence before admission)
		Maryland 2	-831
HOSPITAL OR oddress or location	r institution, give street	C. CITY OR TOWN (If outside city limits, writ	e RURAL ond give township)
	City Hospitals	Baltimore	
4940 Easte		D. STREET ADDRESS (If rurol, give location)	
Baltimore,	Maryland #21224	5526 Nome Avenue	
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
Male White		6-31-87 77	
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	C1411	Maryland	U. S. A.
ABORER. 3. FATHERS NAME		Maryland 14. MOTHER'S MAIDEN NAME	
JOSEPH- LEA	VEV	T. A.A. 7	
5. Was Deceased Ever in U. S. Armed Ford	es? / 16. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes	SECURITY NO.		
18. / / 0 / 1	2/6-10-4998 CAUSE	RECORDS: B. C. H. 4940 I	INTERVAL BETWEEN
DISEASE OR CONDITION DIR			ONSET AND DEATH
LEADING TO DEATH		ration Pnermonia	2 Days
(This does not meon the mode of		ration Pneumonia	
heart failure, osthenia, etc. It meons injury or camplication which caused			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if			
rise to the obove cause (A) UNDERLYING CONDITION lost.	stating the IC)		
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		14
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I			
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? I'Ves or No. 20 B. IF YES, WET IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
January 29 Benig	n Prostatic Hyperpl	asia Yes Yes	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	note City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) IYeor)		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Wo		
22. I certify that (I) (this hospital) attended the deceased fram	11-28- 19 64 10 2-	-3- 19 65
that (1) (we) last saw the decease	2 2	19 65 and that in(my) (aur) o	pinian death accurred an the de
and haur and fram the causes stat	ed abave. (1) (We) (did) (did nat)		
23A. SIGNATURE			23B, DATE SIGNED
Ruchael Fa.		Attending Med. Stoff Phys.	2_3_65
23C.PHYSICIAN'S	r	23D. ADDRESS	2-3-65
NAME IType Dr. Richard	Lane M.I		27004
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	4940 Lastern Avenue #4	City, town, or county) (State)
REMOVAL (Specify) 2			
BURIAL 2-4-6	25B. NAME OF REGISTRAR	EL BALTIMOI	ZE Md ADDRESS
25A. DATE REC'D BY HEALTH DEPT.	A 790 B		
	Robert E. Farker M.A.	Jack Lewindne	2100 EUTAIN PL
V\$ 150-REV. 1/1/65			



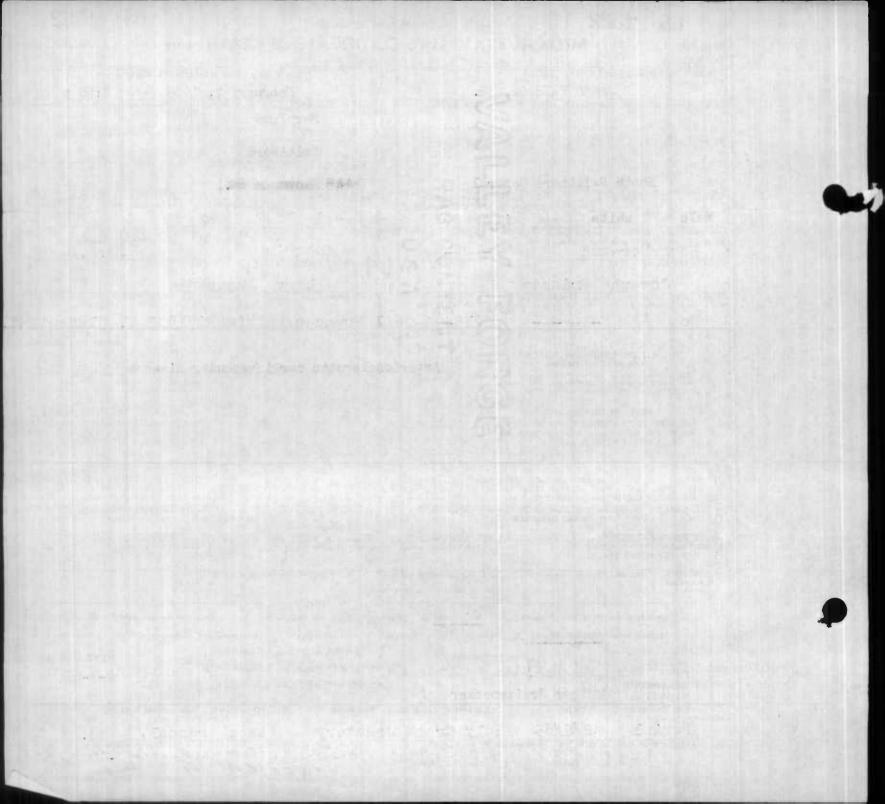
1	BALTIMORE CI	TY HEALTH DEPARTMENT
9 4	MRTH NO. 65 1330 CERTIFIC	ATE OF DEATH Registered No. 65 1330
Such	T. NAME OF DECEASED (Type or Print) DANIELA- JAHNSON	2. DATE AND HOUR OF DEATH
death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
to de	FULL NAME OF (If not in hospital at institution, give street HOSPITAL OR oddiess or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
prior to deat	SINAI HOSPITAL	D. STREET ADDRESS (If jurol, give location)
		2817 OAKFORD AVG.
gular ised p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yı. If Undor 24 Hrs. Months Doys Hours Min.
the deceasisposition is	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST done during most of working life, even if relifed)	RY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. 5. A
was the posit	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
++ spo	Louch Scholson	Nellie
# 5P	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
de	(Yes, no or unknown) (If yos, give wor or dotos of service) SECURITY NO. 578-36-592	o Minnie Felder 2817 Oak Ford AUE
dan		OF DEATH INTERVAL BETWEEN
pronounced lar attenda ibalmed or		ONSET AND DEATH
atte	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or complication which caused death.)	MORGO ESOPHAGEAL
r all	(This does not moan the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	()
ula mb	injury or complication which caused death.)	CHIE UPPER GASTROINTESTINAL
0 0 0	ANTECEDENT CAUSES	ZHEMMORNAGE
are are	DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) staling the UNDERLYING CONDITION last.	St Canal St I d d e
an ir	UNDERLYING CONDITION last.	
was main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	20
E E 6	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(2)
0	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
No physical perfore t	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g OR CONTRIBUTING CAUSE OF homo, form, foctory, stroet, etc.)	, in all obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
wher No p	O 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN IUSY OCCUSSED	21F. HOW DID INJURY OCCUR?
cept wild (6) Fained	While At Not W	/hile
xce and btai	Wolk At Wo	
0 0	22. I certify that (I) (this hospital) attended the deceased fram	7 4 19 65 to 2 4 19 65
b ()	that (I) (we) last saw the deceased alive an	19 (1) and that in (my) (aur) apinian death accurred an the date
ospital death) must be	and haur and fram the causes stated abave. (1) (We) (dld) (did hat) view the bady after death.
	N.D.	Attending Med. Stoff S
4 0 =	23C. PHYSICIAN'S	Phys. Director Phys. 2
prior t	NAME (Type)	
Pp	PETER PAPASTAMOY M. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	
D.O.A. ased p	REMOVAL (Specify)	1/4 P H
S De t	25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS
was D.O.A. at a l deceased prior to written approval	FEB 5 1965 R. D. B. E. Falley M.D.	Serve I Clan 1348 M. Calhon St.
	II AU COU	N-A- V



1001	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 1331
BIRTH NO. 65 1331	CERTIFICA	TE OF DEATH	Registered Na.	
M.E. CASE NO.		2. DATE AI	ND HOUR OF DEATH	11.0
(Type or Print) WILLIAM PATRICK	SOFSKY	4F	EBRUARY 146	S 145 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	301711	4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission)
		1.10	TIMBE	27-06
FULL NAME OF (If not in hospital or institution oddress or location)	, give street			RURAL ond give township)
INSTITUTION		BUTINGE		
1			rurol, give location)	
JUION HENVELAY HOSE	1AL	6206 CATA2	CARS A49	
5. SEX 6. RACE 7. MARRIEI	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
	MIDIMED (Specify)	7-15-01	Co3	Thomas Doys Hours
IOA. USUAL OCCUPATION (Give kind of work 108, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) St	TIGATED	BURSY SAM		VSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	757
ERANCIS A. SOFSKY		2 WOS/47A3	M (and	V
15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	CATHERN E	laisadine	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			11 11
JNK	JUK	4.0.5MITH,	10	MIGHTAL EMPROPHOSIE
18.4-201/	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Par	Maria Maria	velexaly.	
(This does not mean the made of dying, e.g	(A) COU	through an mental	Strewn 9	
heart failure, asthenia, etc. It means the diseas		out nousers di	estre	
ANTECEDENT CAUSES	(B) CW	went to beaut	Failure	
	DUNTO		1.	
DISEASES OR CONDITIONS, if ony, givin rise to the above cause (A) stoting the	- 17	Mullip D Mich	mfina	
UNDERLYING CONDITION last.				
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208, IF YES, WERE	FINDINGS CONSIDERED
	= MBGZUS (B) femas		IN CERTIFYING CA	AUSES OF DEATH?
[O 21A, ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ome, form, foctory, street, (office bldg., INJURY OCCUR?		
0	E. INJURY OCCURRED	21F. HOW DID IN	THEY OCCUP?	
	While At Not Whi			
MACKET 19(H)	Vork At Work	,		
22. I certify that (I) (this hospital) ottended	the deceased from 2	Z. BNABEL	19 65 to 4 8	EBRUARY 1965.
that (I) (we) lost saw the deceased alive on	JI LEBIS NOTO	19 05 and th	hat in (my) (our) op	inian death accurred on the date
and hour and from the couses stated above.	(I) (We) (did) (did nat)			
23A. SIGNATURE	0			23B, DATE SIGNED
Kredenich O. Sm	M.D. At	tending Med. ys. Director	Stoff Phys.	466 65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
FREDERICK C	. SMITH M.D.	· Union h	فنتميدوم	O. Hoopselal
24A. BURIAL CREMATION, 24B. DATE / 24C.	NAME of CEMETERY or CE	REMATORY 24D.	LOCATION (C	City, town, or county) (State)
REMODAL (Specify)	JA LIARIS		SOVAHS.	-
25A. DATE REC'D BY HEALTH PEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS MA
FEB 5 1965 R. C. 6	E. Falley M.A.	Marelale	bel I Son	1-50182 vas Sh
VS 150-REV. 1/1/65	-, -, -, -, -, -, -, -, -, -, -, -, -, -	Not of		7,727



	1		65	1332		BALTIMORE CITY HEAI	TH DEPARTMEN	т	65	1332
X	19	~	BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF DEATH Res	gistered No	
()-	60	0	M.E. CASE NO.	10						
)			1. NAME OF DE					2. DATE AND HOUR PRONO		
V.			2 PLACE IN RAL	JAMES PR			III LISUAL BESIDE	February 2, 1		8:50 p M.
ALTER O			S. PLACE IN BAL	IIMORE MARIEAND, W	HERE PRONOL	INCED DEAD	I A. STATE	aryland	COUNTY	ice before damission)
			FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	THON, GIVE STREET		/N (If outside carporote limits,	, write RURAL and	give township)
		1/3	INSTITUTION				В	altimore	24-	01
100		43					D. STREET ADDR	ESS (If rural, give lacation)		
				South Baltimo				Lowman St.		
			5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	lost birthdoy	Months Do	Yr. If Under 24 Hrs.
100000			male	white		owed		- 1882 82		
			done during most of	working life, even if retired)	KIUB. KIND OF	BUSINESS OR INDUSTR				COUNTRY?
mr.			13. FATHER'S NAM	horeman			AUS 14, MOTHER'S MA	stria	U.S	S.A.
		9.7	·Io	seph Prih	oña		7	Mary Jucuek		
W 55			15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	sary oucuch	ADDRESS	
Basic Control			No	yes, give war ar date	as al selvice	215-03-064	T France	es Malkinski	1502 F	Clamont C
			18. 1/2	7 1			OF DEATH	25 Maintibut		Clement S
			1	SE OR CONDITION DI					0	NSET AND DEATH
The contract			(This does	LEADING TO DEATH		(A)Arterio	sclerotic	cardiovascular	disease	
18.55			heart tailure	, asthenia, etc. It means mplication which coused	the disease,	00010				
				ANTECENDENT CAUSI	ES				S. COLT SHEET	
			DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO				**************************************
		No.	UNDERLYII	NG CONDITION LAST.	TA III O THE	(C)				
			OTHER SIG	11		1 2				
P. L.			OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE						
			는 DISEASE O	R CONDITION CAUSING	G IT.	-000000=0000000000000000000000000000000		***************************************		30707070000070070 V00V0000000070
6			19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION		(Yes or No) 20 B. IF YES, WE	RE FINDINGS CON CAUSES OF DEAT	
				L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in ar obout 21C. W	HERE DID (If in Baltimare Ci	ity, give exact laca	tian)
			O UNDERLYING	SE OF DEATH.	hame,	farm, factory, street,	office bldg., INJURY	OCCUR?		
100			Z 21 D TIME	(Manth) (Day) (Yeo	r) (Haur) 2	E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?		
200			(APPROX.)			HILE AT NOT	WHILE			
			22.	tify that I held on I		Inspection X Au		Above all I de I de		
				ted from: Noturol co		ecident Sulcid		that on this basis, death Undetermined m		
			19501	Ted from: Notorol co	OSOS A	Suicia		EDICAL EXAMINER	nonner	
			ACTUA		All	2,4		EDICAL EXAMINER		DATE SIGNED
			SIGNAT	IFR'S	yun			EDICAL EXAMINER		2-3-65
200			NAME (Type) Kudiger						
			23A. BURIAL CRE REMOVAL (Specific	y)		C. NAME of CEMETERY		23D. LOCATION	(City, town, or cou	nty) (State)
			Buri			oly Cross C		Anne Aru	undel,	Md.L
			24A. DATE REC'D	FEB 5 1965	- A	OF REGISTRAR	Charle	os L. STevens	Funeral	Home, IHC.
				1 - 0 1000	MINUN) C' (Childen	1	FALFUT E	TOUT DU	



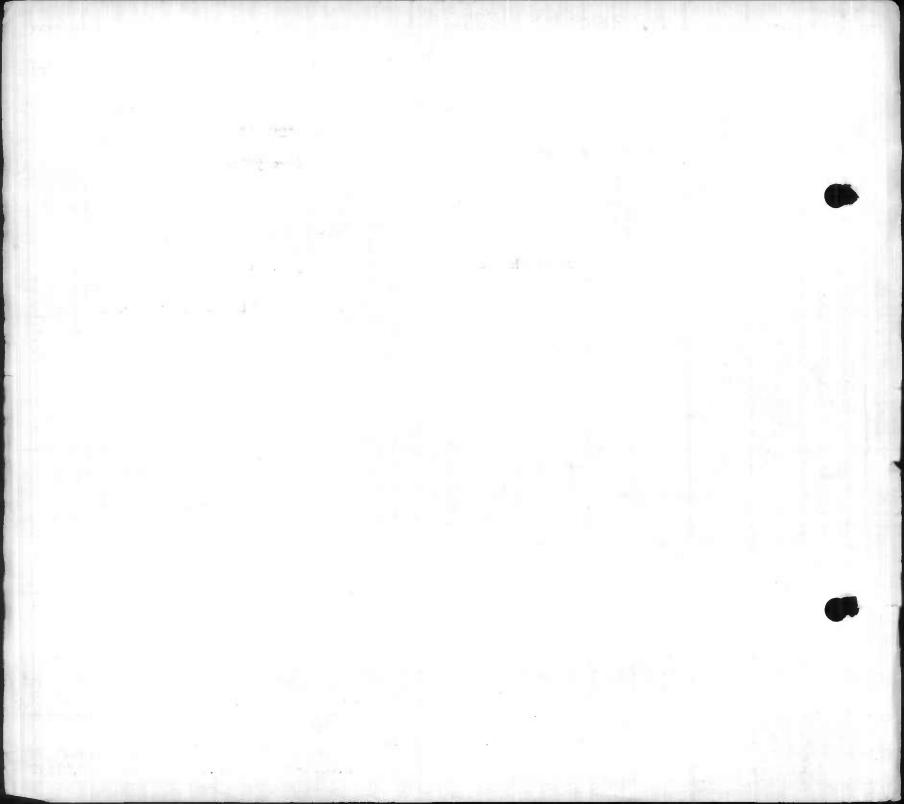
IMPORTAN DIRECTOR: FUNERAL

BIRTH NO

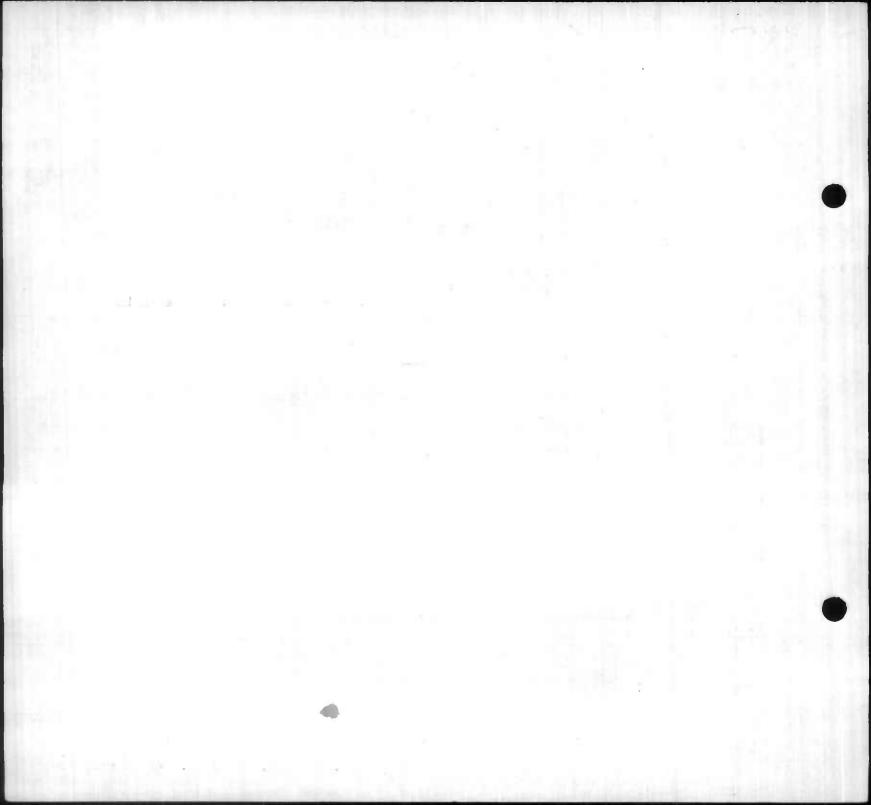
(5) Deceased hospital and Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo eath. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL ance Maryland cause FULL NAME OF (If not in hospital or institution, give street Ū HOSPITAL OR oddress or location) C. CITY OR TOWN Undetermined cause; attend 0 0 BALTIMORE occurred in prior D. STREET ADDRESS contributing 8012 Ridgely Road disposition is made. regular 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthday 2-3-65 single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death = done during most of working life, even if retired) or INFANT Baltimore, Md Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Edward Arnold Thornton Mary p. Reuling eath no kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance 0 any who pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH or fracture (This does not mean the made of dying, e.g., Gr heart failure, asthenia, etc. Il means the disease. examiner. injury or complication which caused death.) regul ANTECEDENT CAUSES Gre 4 DISEASES OR CONDITIONS, if ony, giving (3) rise to the above cause (A) stating the 2 the physician UNDERLYING CONDITION last. before the remains medical No physician was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body the chief 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED by (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID where home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical examiner) etc.) nature; approved by obtained 9 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) death); and Work At Work any 22. I certify that (I) (this hospital) attended the deceased fram pe that (1) (we) last saw the deceased alive an of hospital must was released and haur and fram the causes stated abave. (!) (We) (did) (did nat) view the body after death. (1) An accident 23A. SIGNATURE certificate must Attending Phys. 0 Director L approval 0 prior 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS at M.D. D.O.A. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY eceased the body REMOVAL (Specify) shows: BURIAL 2-6-65 Finksburg Cemetery Finksburg, Md W ds 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm.COok-Towson, Inc., 1050 York Road, 21202 T VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. USUAL RESIDENCE | Where deceased lived, If institution: residence before admission)
STATE
B. COUNTY (If outside city limits, write RURAL (If rural, give location) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Edward Arnold Thornton, 8012 Ridgely Road INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) aplnion death occurred an the date 23B. DATE SIGNED

ADDRESS

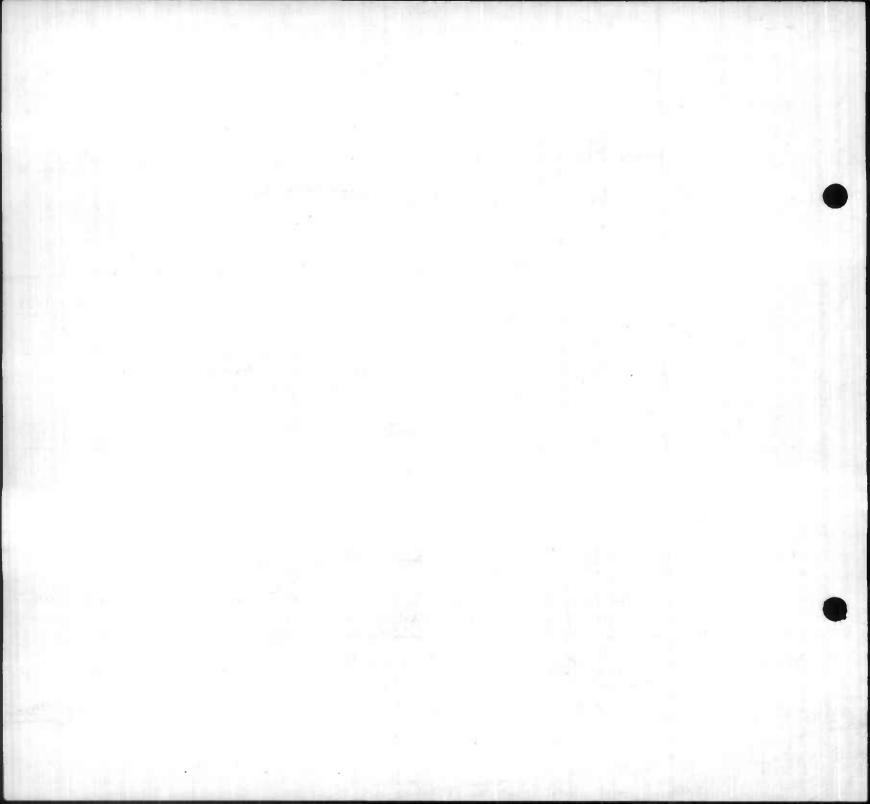


1	65 1334	CITY HEALTH DEPARTMENT 65 13	34
	RTH NO. CERTIF	ICATE OF DEATH Registered No.	
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	C. EDWARD STORCK, ST	FEBRUARY 11 1965 3	00
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence	before adn
	FULL NAME OF (If not in hospital or institution, give street	By MARY land /2-	03
1	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (Ill'outside city limits, write RURAL and give to	wnship)
	UNION memorial Hospital	BALTIMORE 21218	
		D. STREET ADDRESS (If rural, give lacation)	
F	BATIMORE, MARY land SEX 6. RACE 7, MARRIED, NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	W He te
3,	MALE CAUCASIAN WIDOWED, BYOREED (Spec	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. Months: Doys 1 12-8-80 84 4 FM29	Hours
	DA, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fareign country) 12, CITIZEN OF	NTDY?
de	RETIRES Lumbar Dealer	Baltimore / United	
10	S FATHERS NAME	14. MOTHER'S MAIDEN NAME	3/14
9	GEORGE J. STORCK	JENNIE BARTH	ec
(Y	5. Was Deceased Ever in U. S. Armed Forces? es,no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.		Luther
	no	C.Edward Storck, Jr., 112 Melahchton A	Ave
	18. 491 X 1 CAI		AL BETWEI
	DISEASE OR CONDITION DIRECTLY		THE DEA
	LEADING TO DEATH	Browchopmunonia 5 de	245
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	,	,
	injury or camplication which coused death.)	LET combral Thrombosis Sday	us
	DUE	O C	16
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the		
	UNDERLYING CONDITION last.		
	II and the second secon		1-1-1
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1 4.1	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSID	DERED
100	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?	
l M	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact l	locotion
	OR CONTRIBUTING CAUSE OF home, form, foctory, st	est, office bldg., INJURY OCCUR?	
1	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
1 4	OF INJURY	t While	
	Work A	Work U	
	22. I certify that (1) (this haspital) attended the deceased from		
	that (1) (we) lost saw the deceased alive on February	4/ 19 65 and that in(my) (aur) opinion death occur	rred on t
	and hour and from the couses stated above. (1) (We) (did) (did	not) view the body ofter death.	
	23A. SIGNATURE	23 B. DATE SIGNE	D
	Down Movet Mac Millan M.	Attending Med. Stoff Phys. 2 4 /	65
	23C, PHYSICIAN'S	23D. ADDRESS	
	NAME (Type)	M.D.	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		•) (
	BURIAL 2-8-65 Holy Redeeme		
2			DRECC
2	FEB 5 1965 Robert E. Falle	Wm.Cook, Inc., 1217 St.Paul Street	. 2120
	FEB 5 1965 Oberest E. Janke	Amicook, inc., 1217 bestaat beteet	,
-			



IMPORTANT	
DIRECTOR:	
FUNERAL	

1201	BALTIMORE CITY	HEALTH DEPARTMENT 65 1335
120	BIRTH NO. 65 1335 CERTIFICA	TE OF DEATH Registered No.
ath sed the	M.E. CASE NO.	2 DATE AND HOUR OF DEATH
Sage	(Type or Print) ELIZABETH J. PHIP	PS 2/2/65 730 PM
of th.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hosp se (5) I anc dea	FULL NAME OF (If not in hospital or institution, give street	MARYLAND 2802
- 3 70 - 44	HOSPITAL OR oddress or location)	C. CITY OR TOWN (Ili outside city limits, write RURAL and give township)
2000	SINAT HOSPITAL	BALTIMORE
ting d car r att prior	OF BALTIMORE INC	D. STREET ADDRESS (If rurol, give locotion) 4203 SPRINGPALE AVE
ntribu rmine egulai ased	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) DECEMBER 24, 84 80
00-0-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF
det det	done during most of working life, even if retired) HOUSEWIFE	BALTIMORE, MARYLAND 1) S
de Un Un us de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# 6 3 × 4 ods	(unknown) Canapp	unknown
die die	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT . ADDRESS
he d he d cind; deat	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	HOSPITAL ADMISSION RECORD
d d d	18. CAUSE O	
is of	DISEASE OF CONDITION DIRECTLY	. ONSET AND DEATH
Also e of nour atte	LEADING TO DEATH	HEMORRHAGE ZWEEKS
ar o a o a o a o a o a o a o a o a o a o	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	HEMORRHAGE
ine act act pr	injury or complication which coused death.)	CA OF STOMACH
Tr tr	ANTECEDENT CAUSES (B) DUE TO	
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) stoting the (C)	
ins ins	UNDERLYING CONDITION lost.	
lical lical rns; sicic was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
me bu bu bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CVD, Liver disease
dy dy he ici	U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch Bo Bo th th		763
the all be (2) ere	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner)	n or about 21C. WHERE DID (If in Bottimore City, give exact location) ffice bldg., INJURY OCCUR?
Why why	2 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosinatu ept d (6)	While At Not While	e —
ov nd nd nd	Work At Work	
appropries	The state of the s	421965 and that in (my) (out) opinion death occurred on the date
00-		
ust be cased to dent of dent of ospital death)	ond hour and fram the couses stated abave. (1) (Ma) (did not) v	238, DATE SIGNED
d d d	\mathcal{N}_{i}	ending Med. Stoff
E O O D T O	23C. PHYSICIAN'S	s. Director Phys. February 2, 1765
was r was r An a A at a prior	SAMUEL MUHER M.D.	SINAI HOSPITAL OF BALTIMORE
ific W (I) W d p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI	1.0.1.0.1.0.00
certificat body was /s: (1) An D.O.A. a ased pric	BURIAL 2-6-65 Mt. Carmel Cem	
S - S S S -	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Thi the sho wa	FEB 5 1965 Obles E. Jakey M. R.	Wm.Cook, Inc., 1217 St.Paul Sreet, 21202



1 6	5 1336		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		65	1336
BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF D	EATH Registe	red Na	
M.E. CASE N	10.							
1. NAME OF	DECEASED					HOUR PRONOUNCE		
l vijec or viiii	4 15 15 10 10	J. HIGG	S		2-	1-65		11:00 A
3. PLACE IN	BALTIMORE, MARYLAND, W			4. USUAL RESID	ENCE (Where de	1-65 eceosed lived. If insti B. COU	itution: resid	ence before admissi
FULL NAME HOSPITAL O	OF (IF NOT IN HOSPIT, R ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL on	d give township)
	200 E. LAFAYETT	E AVENU	E	D. STREET ADD	Lafaye	tte Avenue		
				Baltin	nore 212	02		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify) Ved	8. DATE OF BIRT	н 1896	9. AGE (In years lost birthd		1 Yr. If Under 24 H Doys Hours Min
done during mo	White OCCUPATION (Give kind of wor ost of working life, even if retired)			The state of the s				N OF T COUNTRY?
Retir		Texti	le Worker	V 1.	rginia		1 0	. 5 . A .
	Jacob Higgs			unk	nown			
15. WAS DEC	EASED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes, no or unk	nown) (If yes, give wor or date	es of service)	213-03-1984	Nelson A	A. Higgs	, 432 East	32nd	St.,21218
(This a heart f injury DISEA RISE T UN DE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. II meens the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Old and fresh hematoma, left XXXXXX and menangioma, left (B) DUE TO							ONSET AND DEA
OTHEI NO THE	11		Distance		u			
E TO T	TO THE DEATH BUT NOT RELATED TO THE heart failure and acute ethylism							**********************
19A. DA1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDER							ON SIDERED ATH?
UNDERLY UTING	21A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? etc.) Home 200 E. Lafayette Avenue							
OF INJU	21D TIME (Month) (Doy) (Yeo) 7 +100 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Fell - Striking face against front door knob or projectile							
22.	certify that I held an I			tapsy one	d that on this	basis, death in m	ny opinian	
	esulted from: Natural ca	uses	Accident X Suicid	e Homici	de Ur	ndetermined manne	er _	
	TUAL Galaki	3 Kus	ell.	CHIEF M	EDICAL EXA			DATE SIGNED
SIG	NATURE		M.D	- WASIS I WILL M	EDICAL EXA			2765

EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.

23B. DATE 23C. NAME OF CEMETERY OF CREMATORY

23B. DATE

ASSOCIATE MEDICAL EXAMINER A

23D. LOCATION

(City, town, or county)

2-5-65 BURIAL 24A. DATE REC'D BY HEALTH DEPT.

Woodlawn Cemetery 24B. NAME OF REGISTRAR

Woodlawn, Md 24C. FUNERAL DIRECTOR

Wm.Cook, Inc., 1217 St.Paul Street, 21202

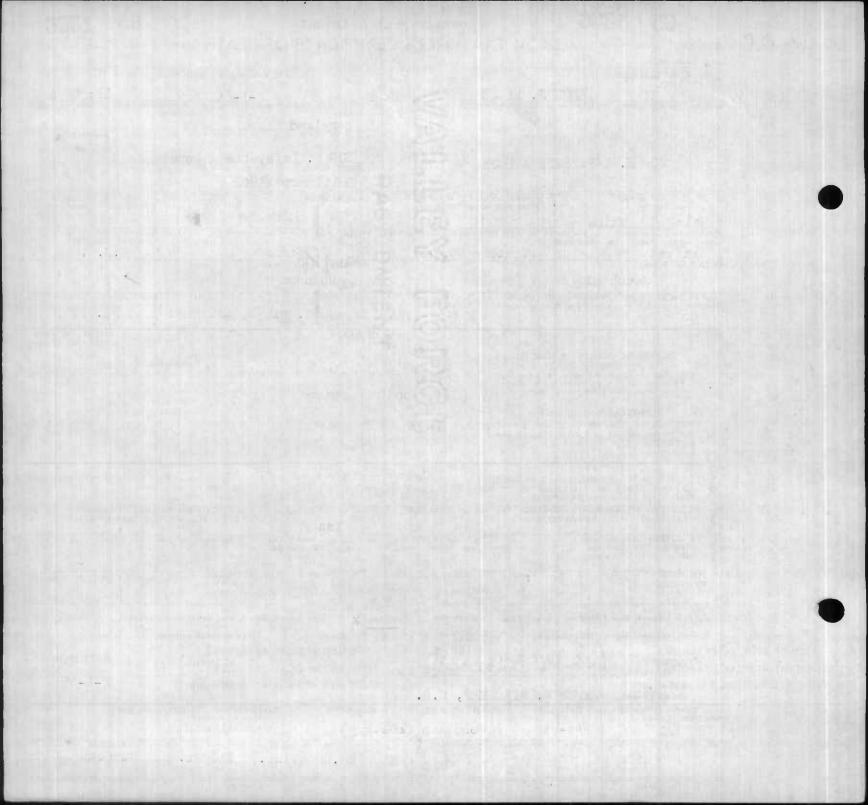
(Stote)

1965 Robert E. Farley M. R

VS 151-REV. 1/1/65

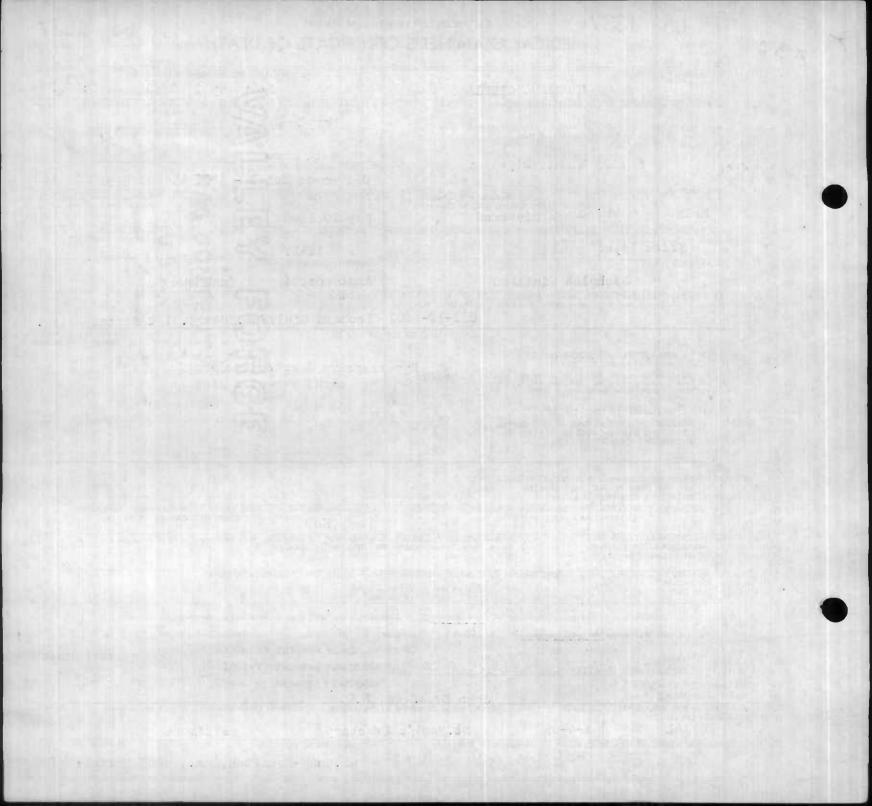
23A. BURIAL CREMATION,

REMOVAL (Specify)



65 13	BALTIMORE CITY H	BALTIMORE CITY HEALTH DEPARTMENT					
IRTH NO.	MEDICAL EXAMINER'S	CERTIFICATE OF D					
A.E. CASE NO.							
. NAME OF DECEASED Type or Print)	I EONADD CITTLE TANO	2. DATE AND					

BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) LEONARD GIULIANO 2. DATE AND HOUR PRONOUNCED DEAD February 2, 1965 2:45 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION. GIVE STREET MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) 133¹ W. Mt. Royal Avenue 3. SEX 6. RACE Whospital Or Willoutside corporate limits, write RURAL and give townsh Baltimore D. STREET ADDRESS (If rurol, give location) Colonnade Hotel - 1331 W. Mt. Royal Avenue Male White Widoweb, Divorced Specify) May 10, 1898 10A. USUAL OCCUPATION (Give kind of work does work of service) BY 1CK 1ayer 13. FATHER'S NAME Nicholas Giuliano 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 052-12-6802 Leonard Giuliano. 2041 E.31st Street Ba:	65	1337		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		65	1337	
LEONARD GTULIANO 2. DATE AND HOUR PRONOUNCED DEAD 2. 145 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived, Ill institution residence before on the politic of th			CAL EX	AMINER'S CE	RTIFICAT	TE OF D	DEATH Registe		1001	
The content of the co	M.E. CASE NO.									
A STATE STATE STATE Nicholas Giuliano 1. Wish Deceased Profit in Hospital Or Nicholas Giuliano 2. Cause Of Death 1. Wish Deceased Profit in Hospital Or Nicholas Giuliano 2. Cause Of Death 3. Canse Of Death 3. Social Street Deceased Investigation Or Nicholas Giuliano 2. Cause Of Death 3. Cause Of Death 4. Usual Response G	1. NAME OF DEC				I Settle 1 Set				2./F D	
FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET 133¹ W. Mt. Royal Avenue 134 W. Mt. Royal Avenue 15. SEX 16. RACE 16. Male 17. MARRIED, NEVER MARRIED 18. DATE OF BIRTH 19. AGE in year in loss brinders of work polyocopy of the properties of the prop					Ta Hellal perip				M	
TADDRESS OR LOCATION 1331 W. Mt. Royal Avenue 1341 W. Mt. Royal Avenue 1351 W. Mt. Royal Avenue 1352 W. Mt. Royal Avenue 1353 W. Mt. Royal Avenue 1364 White 1374 White 1375 W. Mt. Royal Avenue 1385 W. Mt. Royal Avenue 1386 White 1396 White 1397 White 1398 W. Mt. Royal Avenue 1398 W. Mt. Royal Avenue 1398 W. Mt. Royal Avenue 1308 W. Mt. Royal Avenue 1308 W. Mt. Royal Avenue 1309 White 1309 W	3. PLACE IN BALI	IMUKE, MAKILAND, W	HEKE PRONOL	INCED DEAD	A. STATE		B. COL	JNTY	before ogmission	
1334 W. Mt. Royal Avenue	HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL ond giv	e township)	
S. SEX Male White Whi		133 W. Mt	. Royal	Avenue	D. STREET ADDI	RESS (If rurol,				
Male White Divorced May 10,1898 66 66 103. USDATE COLOR STORM STATE OF THE BALL OF THE BAL					Colonna	de Hote	1 - 1331 W.	Mt. Roya	1 Avenue	
done during may of working life, even if relired) BICK layer ITALY ITALY IS, FATHER'S NAME Nicholas Giuliano IS, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or doles of service) IS, SOCIAL SECURITY NO. O52-12-6802 Leonard Giuliano .2041 E.31st Street Ba: CAUSE OF DEATH (This does not meen the mode of dying e.g., heart foliure, ostherio, etc. It means the disease, injury or complication which coused doeth, long to the ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS (IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUE TO OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUE TO THE DOST OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUE TO THE DOST OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUE TO THE DUE TO THE DOST OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DUE			WIDOWED,	DIVORCED (specify)				If Under 1 Yr. Months Days	If Under 24 Hr Hours Min.	
Brick layer 3. Father's Name Nicholas Giuliano Nicholas Giu			108 KIND OF	BUSINESS OR INDUSTRY			n country)	12. CITIZEN OF	UNTRY?	
Nicholas Giuliano S. Was Deceased Ever In U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 052-12-6802 Leonard Giuliano.2041 E.31st Street Ba.	Brick	layer			17	TALY		_		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 052-12-6802 Leonard Giuliano.2041 E.31st Street Ba: CAUSE OF DEATH (This does not mean the mode of dying e.g., head followe, ostherine, etc. II means the disease. injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CAUSE OF DEATH (C)	13. FATHER'S NAM				14. MOTHER'S M	AIDEN NAMI				
SECURITY NO. 052-12-6802 Leonard Giuliano.2041 E.31st Street Ba: DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Nicholas G	iuliano			etti	(unknown			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthemic, etc. Il means the disease. injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					17. INFORMANT			ADDRESS		
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				052-12-6802	Leonard	Giulian	no.2041 E.31	lst Stree	t Balto.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foliuse, osthenio, etc. It means the disease. Injury or complication which coused death,) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESSES OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED VAS PERFORMED VAS PERFORMED 21A, EXTERNAL CAUSE WAS DIVIDENCE (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? (AP) TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? (AP) TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? (AP) TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? (AP) TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? (AP) TO WHILE AT NOT WHILE	1B. 14 C.	- X X .		CAUSE				INTE	RVAL BETWEEN	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, street, office bldg., INJURY OCCUR? 21D TIME (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE	DISEASES RISE TO TH UNDERLYIN Z OTHER SIG	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) WHILE AT NOT WHILE	19A. DATE OF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION								
21D TIME (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE	21 A. EXTERNA UNDERLYING	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING □OR CONTRIB- home, form, foctory, street, office bidg., INJURY OCCUR?								
110 11 VAN L. 31 11 VAN L.	21 D TIME OF INJURY									
SIGNATURE TOWN C. PROGRAMMEN M.D. ASSISTANT MEDICAL EXAMINER X	ACTUAL SIGNAT	L Other E		Accident Suicid	CHIEF M	de U L EDICAL EX EDICAL EX	Indetermined mann AMINER AMINER	er DA	ATE SIGNED	
NAME (Type) John E. Adams, M.D.	NAME (Type			M.D.					
BURIAL 2-4-65 St.Paul's Cemetery Baltimore	REMOVAL (Specify	y)			Cemetery				(Stote)	
FEB 5 1965 Poles E. Fally M. Wm. Cook-Hamilton, Inc., 6009 Harford	24A. DATE REC'D		Poleub	of REGISTRAR			lton, Inc.,			



248 NAME OF REGISTRAR

VS 151-REV, 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

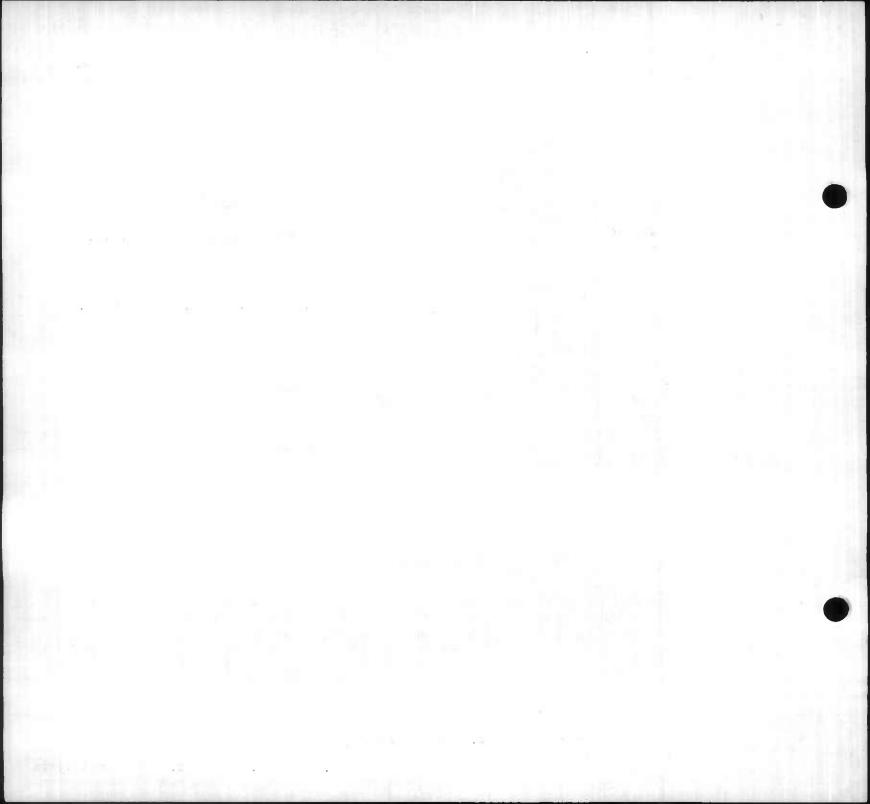
Wm.Cook, Inc., 1217 St.Paul Street, 21202

24C. FUNERAL DIRECTOR

W.W.II Discharge 2-16-65 M.M.

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	-
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	^
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
weight assessed most before the committee or ball and disposition is made	

BALTIMORE CI	TY HEALTH DEPARTMENT						
BIRTH NO. 65 1339 CERTIFICA	THE OF PERTIN	65 1339					
T. NAME OF DECEASED N. (Type of Print) RENE REIMER	2. DATE AND HOUR OF DEATH	4.00 A					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if in						
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	6-04					
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)					
THE JOHNS HOPKINS HOSPITAL	BALTIMORE CITY 2123	31					
J THE OOTHO HOTELING HOOT TIME	D. STREET ADDRESS (If rurol, give location)	CTOCCT					
	1926 EAST BALTIMORE	STREET					
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE (In yours lost birthday)	Months Doys Hours Min.					
FEMALE WHITE MARRIED OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI	8-31-03 61	12. CITIZEN OF					
lone during most of working lite, even if retired)	KI II. BIKINFLACE (Stoto or toreign country)	WHAT COUNTRY?					
Housewife	Baltimore, Maryland	U.S.A.					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
HARRISON BOSTWICK	LOUISE WISLAND						
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) ((If yes, give wor or datas of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
none	Harry L. Riemer.1926 E.Ba	altimore St., 21231					
	OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	I and wild heavelend	ONZEL WAD DEVIN					
LEADING TO DEATH	waraamora 7, intraculturac						
(This does not meon the mode of dying, e.g., DUE TO heart failure, osthenia, etc. It meons the disease,	baraduoid & intracereleval						
injury or complication which caused death.)	nemore have	Id.					
ANTECEDENT CAUSES OUE TO							
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)							
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE MAIN CICLOS							
DISEASE OR CONDITION CAUSING IT.							
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)							
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar) CONTRIBUTION CAUSE OF OR CONTRIBUTIO	office bldg., INJURY OCCUR?						
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While							
(APPROX.) Work At Work							
22. I certify that (1) (this hospital) attended the deceased from 2/3 19 65 to 2/4 19 61							
that (1) (we) last saw the deceased alive an Z/4 19 6) and that in(my) (aur) apinian death accurred an the da							
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE 1 1 1 23B. DATE SIGNID 1							
Mullo (. Maddley M.D. A	Attending Mod. Stoff Phys.	214/61					
23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS	111					
MANUELLS C. MADDREY MAI	JOHNS HOPKINS HOSPIT	At					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		ity, town, or county) (State					
RINTAL 2-6-65 Mt. Carmel Ce	emetery Baltimore,	Md					
BURIAL 250. DATE RECED BY HEALTH DEPT. 25B. NAME OF REGISTRAR	DASC FUNERAL DIRECTOR	222800 A					
FEB 5 1965 Robert E. Farley M.S.	Wm.Cook, Inc., 1217 St.	Paul Street xxxxxxx					
V\$ 150-REV. 1/1/65		21202					



occurred in death IMPORTANT the chief medical examiner FUNERAL DIRECTOR: approved by

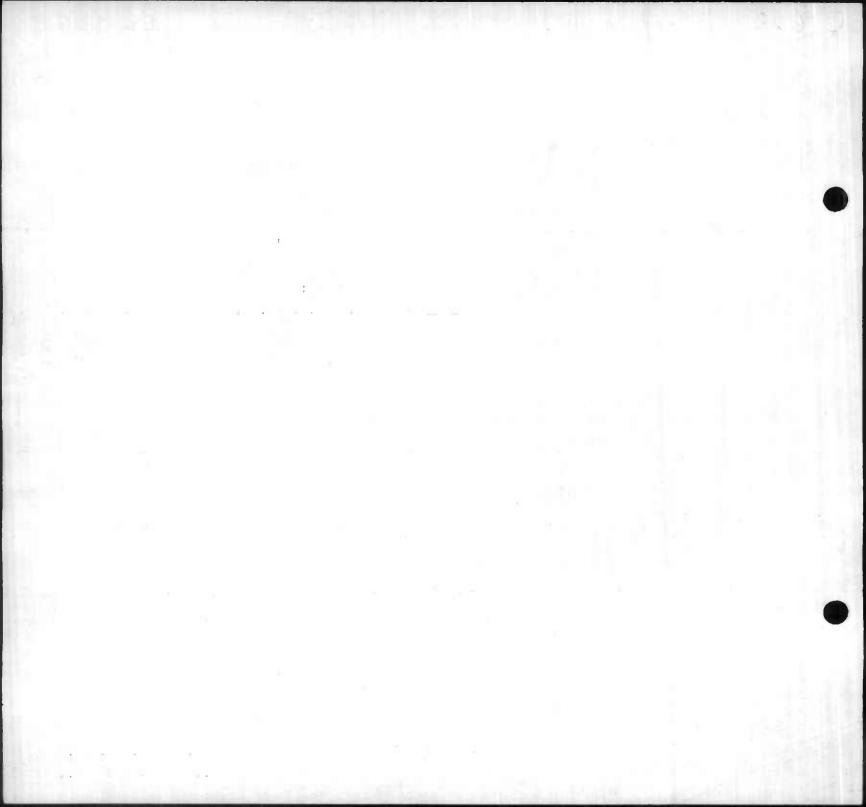
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hospital

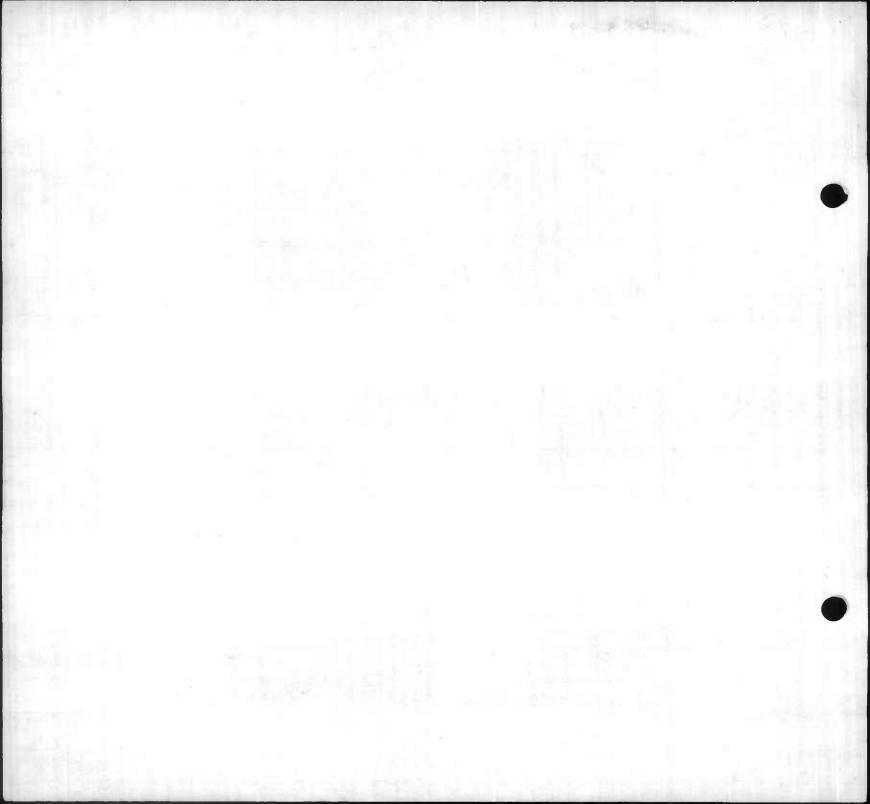
O

Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4 USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) ance ing cause cause; (5) (If not in hospital ar institution, give street FULL NAME OF HOSPITAL OR address or lacotion) RURAL and give (It outside city limits, write attend 10 Johns Hopkins Hospital prior give location) /// contributing (4) Undetermined disposition is made in regular 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Doys If Under 24 Hrs. deceased last birthday Hours WIDOWED, DIVORCED (specify) 3 UIC DIVOC 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most at warking life, even if retired) 0 BALTITORE? MARYLATD Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HINKLE 15. Was Deceased Ever in U. S. Armed Forces death HO 6. SOCIAL final (Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Mr. Geo. H. Dowell, 5015 Falls Rd. Terrace, City, any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury ar camplication which caused death,) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED No physician DISEASE OR CONDITION CAUSING IT. (2) Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF U 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID Baltimare City, give exact location) (except where home, form, toctory, street, office bldg., INJURY OCCUR? to the hospital DEATH (notify medical examined shows: (1) An accident of any nature; MEDI obtained 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from pe that (I) (we) last sow the deceased alive an and that In(my) (our) opinion death accurred on the date hospital death) and haur and from the couse's stated above. (1) (We) (did (did not) view the bady after death. was released must 23A. SIGNATURE 238, DATE SIGNED Stoff C Attending Med. deceased prior to written approval Director L approval 0 23C. PHYSICIAN 23 D. ADDRESS at NAME (Type EK was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY the body Balto CoADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT Stewart & Moren Co., 108 W. North Av., City 1 VS 150-REV. 1/1/65

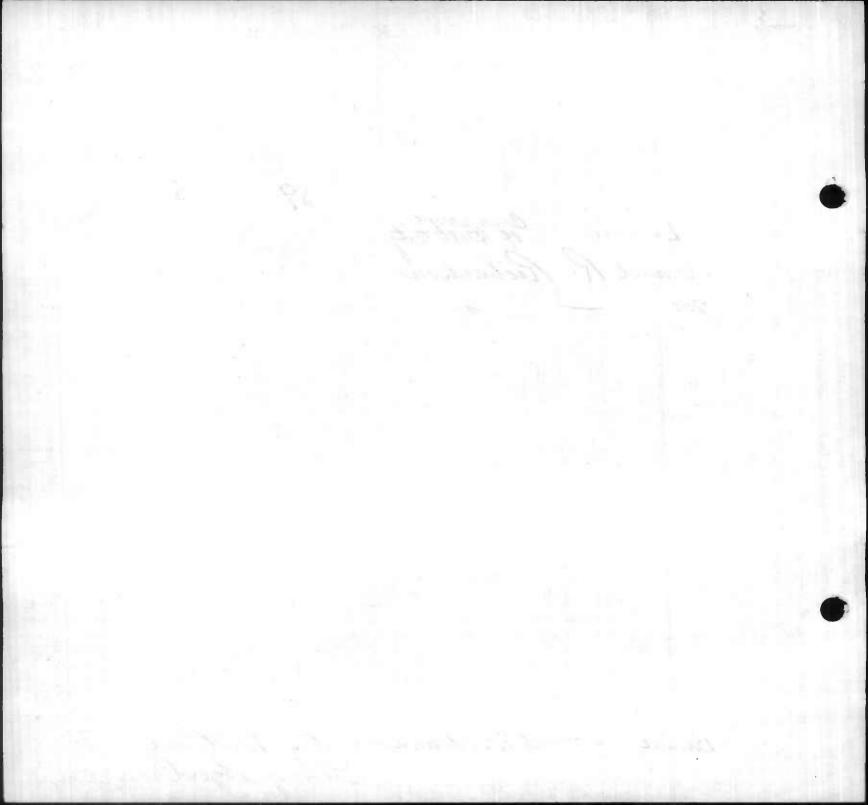
BALTIMORE CITY HEALTH DEPARTMENT



	(5-	BALTIMORE CITY	HEALTH DEPARTMENT				
	TH NO 45-04858 65	1341 CERTIFICA	TE OF DEATH	Registered No	65 1341		
1.1	JAME OF DECEASED Mc Culle	in Baky Br	2. DATE AND	HOUR OF DEATH	120 PM		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE Where A. STATE B. COUNT	deceased lived. If in	stitution: residence before odmission)		
	FULL NAME DF (If not in hospital or institu	tion, give street	Mas	y laus	-Balto		
	HDSPITAL DR oddress or location)	· A - A	C. CITY OR TOWN III outs	ide city limits, write R	RURAL and give township)		
-	Bon Secours Ho.	gulal	D. STREET ADDRESS (If ru	urol, give location)	- NANDALLSTOW		
	2		3713, SONARA RD. 5300				
5.	SEX M 6. RACE W. 7. MAR WIDO	8. DATE OF BIRTH 9. AGE (In years of Months Doys Hours Min. Months Doys Hours Min.					
	N. USUAL OCCUPATION (Give kind of work 10B, KIN o during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BERTHPLACE (State or foreig	n Country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	\E			
7	HORACE M. MªC	HLLEN	MARGAR	ET B	OWER		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	18. 2 / 2 5 1	CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	-	2	Eno.	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TD	esjuring	Taure			
	heart failure, asthenio, etc. It meons the disciniury or complication which coused death,)		6	ato o			
	ANTECEDENT CAUSES	(B) Hea	seive onus	y coucer,	<i>M</i>		
	DISEASES OR CONDITIONS, if any, gi		Drawetun	te			
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)		/			
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				- 5 Bull		
ICA		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or Nol		FINDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?		
CAL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exomined	21B PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
EDI	21D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
S	(APPROXI	While At Work Not While At Work			1 /-		
	22. I certify that (I) (this hospital) attend	led the deceosed from	1/31/61	9to	1/31/61 19		
	that (1) (we) lost sow the deceased alive on 1/3/6V 19 and that in (my) (our) opinion death occurred on the date						
	and hour and from the causes stated above	ve. (1) (We) (did) (did not)	view the body ofter deoth.				
	23A. SIGNATURE	7	ending Med.	ayse/	23 B. DATE SIGNED		
		Phy	s. Director P	hys	1/31/64		
	ALONSO GOMEZ M.D. 23D. ADDRESS Hospital						
24	A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote)		
1	Burial 2/2/65	Holy Famil	y lemetery	Tandali	Istown Md		
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1011 287	28 X Metter PA		
VS	150-REV. 1/1/65	V C' Appropriate	many of	R	tuiseson in		



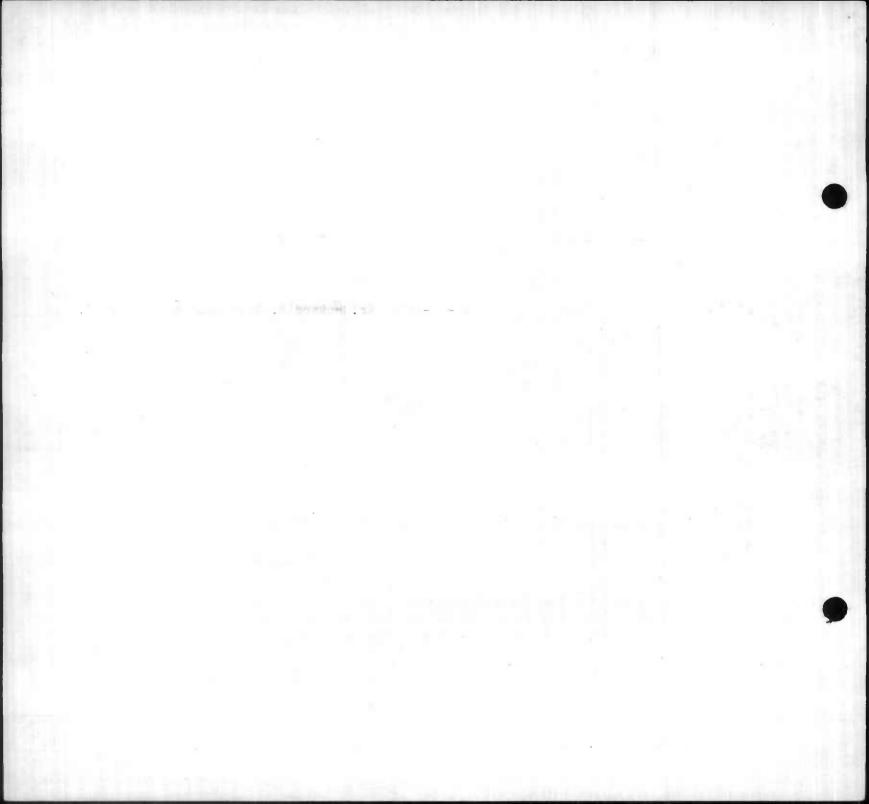
	65	1342		BALTIMORE CITY	HEALTH DEPARTMENT		C5 4040	
	TH NO.	10-10		CERTIFICA	TE OF DEATH	Registered Na.	65 1342	
1, N	E. CASE NO. IAME OF DECEAS po or Print)	Rich and	Son Wil	Im Weedon	2. DATE AL	NO HOUR OF DEATH	6:10 Pm	
3, 1	PLACE OF DEATH		RYLAND			ero deceosed lived. If institu	ution: rosidence before edmission)	
1	FULL NAME OF HOSPITAL OR	(If not in hospital oddross or Jocotion	n)	1 /	C. CITY OR TOWN _ (If ou	utsjide city limits, write RUR	AL and give township)	
	On	wersity 1	to de	to coul	1.18	1 Dmore	5500	
	School	(Medsein -	Odive.	nsing of mai	D. STREET ADDRESS (III	PAHERSON	Ave	
S. S	EX M 6.	RACE	7. MARRIED, WIDOWED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	f Under 1 Yr. II Under 24 Hrs. Norths: Doys Hours Min.	
	e during most of wor	ATION (Give kind of work king lite, even if retired) OPEA	Drigo	Business OR INDUSTRY Balto Cates	11. BIRTHPLACE (Side or lore	ign country)	2. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	1	5	saew way	14. MOTHERS MAIDEN NA			
	Samue	el K.	Kech	ardson	GRACE 1	Weedon		
15. (Yo	Wos Deceased Evens, no or unknown) (If	er in U. S. Armed For	ces? s of sorvice)	1 6, SOCIAL SECURITY NO.	17. INFORMANT	4 3	ADDRESS	
	no			no	mrs. Elizabe	the Kirk 30	604 Releasen 47	
	18. 491	X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	LE.	OR CONDITION DIS ADING TO DEATH		(A) (3)	Intern Bron	chophermonis	11 days	
	heart lailure, ast	(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)						
	ANTECEDENT CAUSES (B) Nicted 108 (1-Ediovasional							
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C) Suprachic Pros by declaring.							
		CONDITION last.	Storing The	10/	Serf Francisco			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ERTIFIC	19A. DATE OF OF	165 WAS PER		which operation migh Prost Hyperi		ON 20B. IF YES, WERE FIN	DINGS CONSIDERED S OF DEATH?	
CAL CE	21 A. ACCIDENT OR CONTRIBUTION DEATH (notily me			o, lorm, foctory, stroet, ol	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exect location)	
EDI	21D. TIME (A	Aonth) (Doy) (Your)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
2	(APPROX.)		Whi	le At Not White				
	22. I certify the	at (1) (this haspital) attended th	ne deceased from	1/18/65	19 65 10	2// 1965.	
	that (I) (we) la	st saw the decease	d alive an	2/1/6			n death occurred an the date	
	and have ond fr	am the causes stat	ed abave. (I		iew the bady after deoth.			
	23A. SIGNATURE	A.Ae	06 ha	MA M.D. Atte	ending Mod. Director	Stoff Phys.	2/1/65	
	23C. PHYSICIAN'S NAME (Typo	Andres	A.	Heou Mm.D.	23D. ADDRESS Unive	nsity Hosp	its Volud.	
244	BURIAL CREMA	TION, 248, DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D, L	OCATION (City,	town, or county) (State)	
254	Burial DATE REC'D BY	HEALTH DEPT.	965 7/2 258. NAME O	odlawn FREGISTRAR	OCHERT PIRECTO	Sallmere	ADDRESS	
	tt	ट्रवहा द य.	Melat	E. Tarkey M. W.	Larena:	Syere Ch	spel 878.s	
VS	150-REV. 1/1/65						1 Fiberly Kook	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	Y HEALTH DEPARTME	NT			
1	TH NO. 6	5 1343		CERTIFICA	TE OF DEA	TH Registered	No. 65 13.	43	
1, 1	Pe or Print)	Peter	faral		2. DATE AND HOUR OF DEATH				
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC	E (Where deceased lived	l. If institution: residence below	re admission)	
					A. STATE 8.	CDUNTY	915		
	FULL NAME D	F (If not in hospital oddress or location		give street	Marcilo	1))C	1-00	1	
10	NOITUTITEN			,	C. CITY OR TOWN	(If outside city limits,	write RURAL and give townsh	iip)	
-	The To	hnstlopk	timest	I worday	D. STREET ADDRESS	(If rural, give location)		
	116 20	HULIZ LICE	1102.1	1035140	O II I	lamas land	04	10	
-	SEX	6. RACE	7 14 4 00150	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II U	Jnder 24 His.	
J.	4.1	5 ./		DIVORCED (specify)	o. Date of sixin	lost birthday	Months Doys Hour		
. 4	17	YV	Ma	mica	11/30//	7 83	100 000000		
		working lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY	Y?	
Re	etired el	Lectrician	RR		Marvla	nd			
	FATHER'S NAM				Maryla	EN NAME			
	101	in T. For	7		Haraar	et Kobert	Can?		
15.	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	er Moleri	ADDRESS	11111	
(Ye	**	(II yes, give wor or date	s of service)	SECURITY NO.			3824 Yolando R	load	
_	No	None		218-09-8708	Mr. Howard	E. Mitchell	Baltimoe, Md.	18	
	18. 42:	3.7		CAUSE	OF DEATH	1	ONSET AND		
		E OR CONDITION DIF	RECTLY	A	+ 1 / -	to a sul.	110	1-1	
		ol mean the made of	dying, e.g.,	DUE TD	expscleval	16 6 98910	VASCUALK 10	years	
	heort foilure,	osthenio, etc. It means	the disease,	disc	ease				
			deom.	180					
		ANTECEDENT CAUSES		DUE TD	· 4 · 1		, , ,	8000 8000000 8000000000	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			nal failur	6	4/10	VC		
	UNDERLYING CONDITION lost.			K4_84.4					
		- 11			1 -		0		
ATION	DTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING		L 1 D 1 1	//	410	1110	
AT	DISEASE OR	CONDITION CAUSING I	Т.	Ter oval	ed Vuod, 4	Icer	199	1/2	
CERTIFIC	PA. DATE OF	OPERATION 198 CON		WHICH OPERATION	20 A. AUTOPSY? (Ye		VERE FINDINGS CONSIDERED G CAUSES OF DEATH?	8	
ER.	31 / 5 /	T WAS UNDERLYING	ord Te	d Vyod 4/cel	ND	717			
AL C	OP CONTRIBU	ITING CAUSE OF	hom	PLACE OF INJURY (e.g., e., form, foctory, street, c	office bldg., INJURY OC	CUR?	Itimore City, give exact locati	ion)	
U		medical examined	Vo etc.)						
MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?			
>	(APPRDX)		Whi	ile At Not Whi			,		
	22. L certify	that (1) (this hospital		he deceased from	1/2	1 1965 to	2/4	1965	
		last sow the decease		2//	1	,):-:- da-al		
) opinion deoth accurred	on the date	
ond hour and from the couses stoted obove. (I) (We) (did) (dld not) view the body after death. 23A. SIGNATURE 23B. DATE SIGN M.D. Attending Med. Stoll									
	MAU	rard 4. K	while	Phy	ys. Director		2/4/65		
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS							1		
	Hou	lard A. K	ichte	OV M.D.	Johns 1	TOPKINS	1705p1Ta		
24	A. BURIAL CREA	MATION, 248 DATE	24C. N	AME of CEMETERY of CR	EMATORY	240. LOCATION	(City, towy, or county)	(Stote)	
	Burial	2/8/196	r B	ltimama Cam	+	D-342	W1		
25/	A. DATE REC'D			altimore Ceme	25C. FUNERAL DI	Baltimore,	Maryland	S	
	F	EB 5 1965	(P.D. B	E. Jankey M.A		X 1 .0	Baltimore, mi	1. 21217	
VS	150-PEV 1/1/A		410 2100 4		wm.f. vie	they sons	north - Fa, con	nues	



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shows:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where (deceased lived. If institution: residence before admission) B. CDUNTY FULL NAME DE (If not in haspital or institution, give street HDSPITAL OR address or lacation) C. CITY OR (If autside city limits, write RURAL and give township) (If rural, give location) D. STREET ADDRESS 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) S. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. OF Hours last birthday Mamec 1 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) 13. FATHER'S Lamber ADDRESS 17. INFORMAN 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEA INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED (If in Baltimare City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? DEATH (natify medical examiner) etc.) (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPRDX) At Work Work 22. I certify that (I) (this harming attended the deceased from and that in (my) topinion death occurred an the date that (1) (and last sow the deceased olive on and hour ond from the couses stated obove. (1) ((did) (did on) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Staff Attending Phys. Med. Director M.D. approval 23 C. PHYSICL ATS 23D. ADDRESS 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEFT FUNERAL DIRECTO VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

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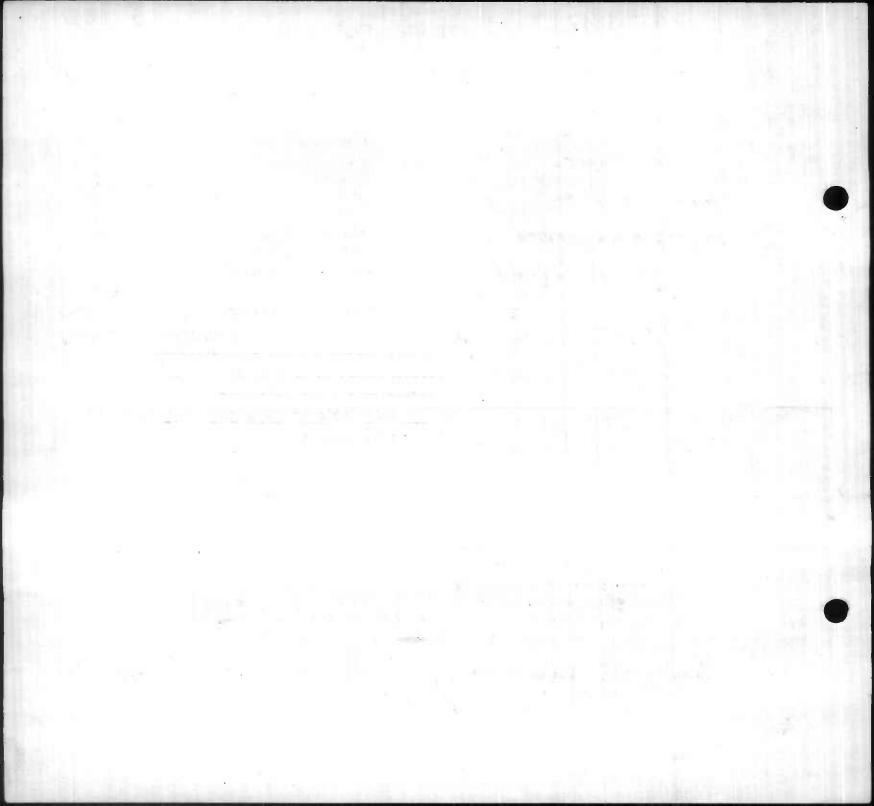
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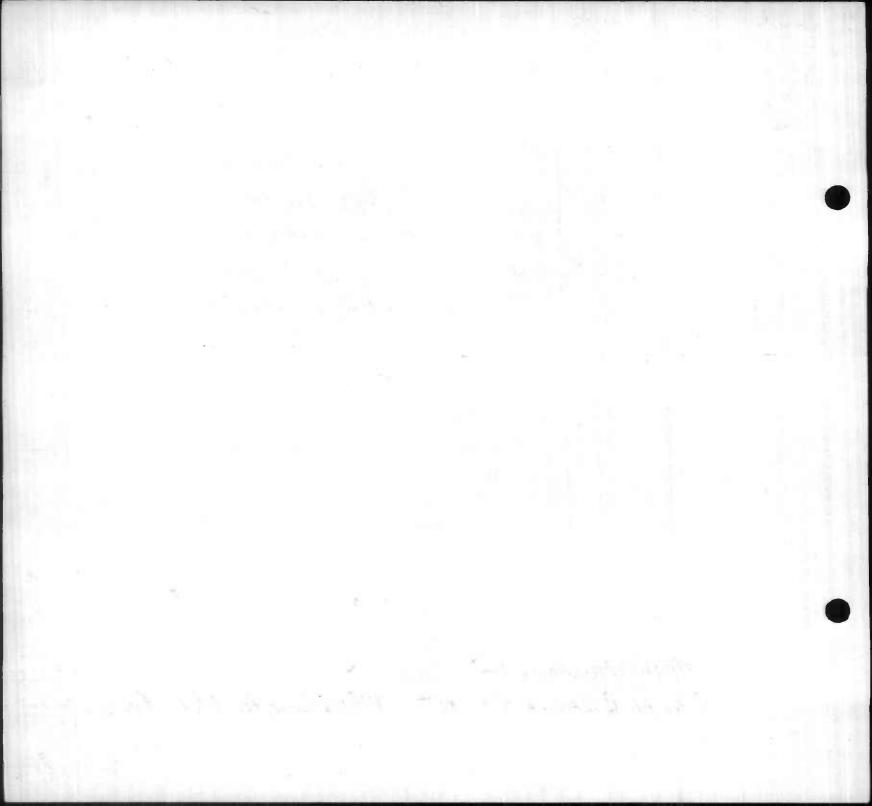
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CE ADAM	BALTIMORE CITY HEALTH DEPARTMENT	65 1347
	CERTIFICATE OF DEATH X	istered No. UU 10-17
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUSE	5 /
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0013	ed lived. If institution; residence before admission)
	A. STATE B. COUNTY	0 - 04
FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR oddiess or location) INSTITUTION	1	limits, write RURAL and give township)
INSTITUTION	POWSON	53-00
UNION MEMORIAL HO	D. STREET ADDRESS (If roid, giv	
5. SEX 6. RACE 17. MARRIED, NEVI		OAD (In years If Under 1 Yr., If Under 24 Hrs.
	ORCED (specify) lost birth	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) 20NTRACT ADMINISTRATOR	BALTIMORE	USA
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
charles A Soiled	Helen Gertrud	e FAIRLEY
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	OCIAL 17. INFORMANT	ADDRESS
25	7-16-0810 Chart - UNIO	w Memorial Hospital
18.584 XHE903,89	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bilateral bronchopneumonia and	Let I'm Septicenta
(This does not meon the mode of dyinga e.g., heart failure, asthenia, etc. It means the doeses,	DUE TO DUE TO DUE OUT OF THE DEED AL	Cess. T
injury or complication which coused death.	Tipolatolorgallerage	death
ANTECEDENT CAUSES		
rise to the obove cause (A) stating the	Choledocholithiasis and hepato	the forther than the first than the
UNDERLYING CONDITION lost,	liver abscess	
OTHER SIGNIFICANT CONDITIONS CONTRIGUITING		040
TO THE DEATH BUT NOT RELATED THE	Organizing subdural hematoma	()918
198. CONDITION FOR WAITING	POPERATION 20A. AUTOPSY? (Yes 10 IN CE	FYES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE OF INJURY (e.g., in or obout 21 C. WHERE DID m, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
DEATH (and to made at a section)		orp. Joppa Rd. Towson Ref
21D. TIME (Month) (Dov) (Year) (Hour) 21E tNIII	DRY OCCURRED 21F. HOW DID INJURY OC	- 1/
OF INJURY Jan. 11, 1965 While At Work	Not While At Work fell striki	ng head
22. I certify that ((this hospital) attended the de	ceased fram (11-21 19.65	
that ((we) last sow the deceased alive on	1-30 19 65 ond that in (m	(our) opinion dooth accurred an the do
and hour and from the causes stated above. (9 (We	o) (dld) (did view the body after death.	
23A. SIGNATURE	M.D. Attending Med. Stoff	23B. DATE SIGNED
Lawrence J. Luberman	M.D. Attending Med. Stoff Phys. Stoff Phys. Stoff Phys.	1-30-65
23C.PHYSICIAN'S NAME (Type)	M.D. 1/48: 0114 11 1 1 1 1 1 1	
24A. BURIAL CREMATION, 24B. DAYE 24C. NAME	OF CEMETERY OF CREMATORY 24D. LOCATIO	(City, town, or county) (Stote)
MEMOVAL (Specify) To 21965 August	some IN solo Mal	Vindi o Stal
25A. DATE REC'D BY HEARTH DEPT. 7 25B. NAME OF REI	GISTEAR 25C. FUNERAL DIRECTOR	ADDRESS
FEB 8 1965 (Cut E.	Jaken Frank A. /	well pilesoft
VS 150-REV. 1/1/65 N 8 6 4 2		70



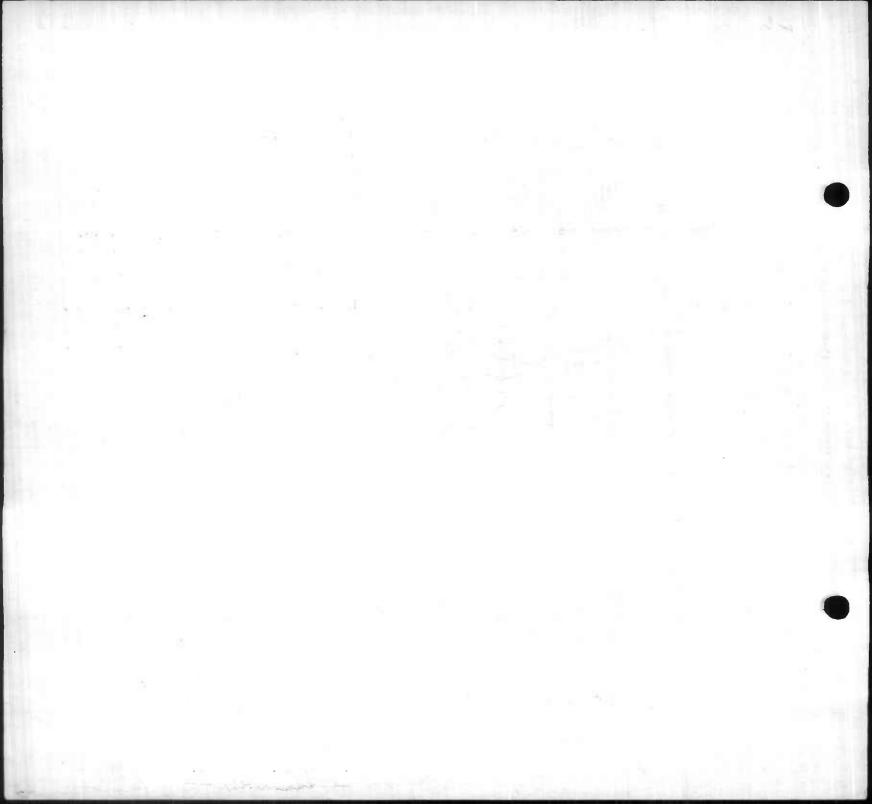
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		BALTIMORE CITY	HEALTH DEPARTMENT		0.00	
	TH NO. 65 1348	CERTIFICA	TE OF DEATH	Registered No.	65 1348	
1. N	AME OF DECEASED VINLEY	+ Lyk	. 01	HOUR OF DEATH	651 11	м.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admis	ssion)
	FULL NAME OF (If not in hospital ar institut HOSPITAL DR oddress or location) NSTITUTION	ion, give street	MARYLA	nd ide city limits, write RUI	2 0 -0 CRAL and give township)	3
		04	BALTI	MORE		
	2046 Hollins	3 07.	2046 HoLL	orol, give location)		
5. :	MALE white wind	OWED, NEVER MARRIED OWED, DIVORCED (specify) MARRIED		ost birthdoy)	f Under 1 Yr. If Under 24 Aanths: Days Hours M	Hrs.
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF	
		RMEUT Mfg.	LiThuANI.	A	U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	-,	
	Unknow	(n)	1/4 Ka	Sw N		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	s, no or unknown) (If yes, give war ar doles af servi	pro	Anna Luk	05 2046	Halling ,	42.
-	18. 134	215-03-5608 CAUSE O			INTERVAL BETWEEN	37
	DISEASE OR CONDITION DIRECTLY	R	91		ONSET AND DEATH	
	LEADING TO DEATH	in Ca	ronary Hrt	morris	ila	
	(This does not mean the made of dying,		1		······································	
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	dse,	Tand 0 7 (0	11/4 1 10	1000	,
	ANTECEDENT CAUSES	(B) CUV	energearth a	ule veselant	run IV	
	DISEASES OR CONDITIONS, if any, gi	ving				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	<u></u>			
	ONDERLING CONDITION Idsi,					
Z	DTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.	THE				
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED	
ERTIFIC	0					
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exact lacotion)	
0	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
ME	(APPROX.)	While At Not While Work At Work				-
	22. I certify that (I) (this haspital) attend		1-8,50	9 to 2,	13 196	-
		9/1			an deoth occurred an the	
	that (I) (ve) lost saw the deceased alive			if in (my) (our) opinio	an death accurred an the	gare
	and haur and from the causes stated above	e. (I) (We) (did) (did not) \	lew the body after death.	12:	B. DATE SIGNED	
	Hillah & La Jan T	MILA M.D. AH	ending Med.	Stoff	5/~/16h	-
	Jack Tellially		s. Director	Phy s.	45/190-)
	239. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 011	6 1 2.7	L. (1
	YOSEPH G.LAWKAI	TIS MP M.D.	61718aspung7	on Dad	Ocenne 201	FIC
24/	A. BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D, LO	CATION (City,	town, or county) (Sta	ote)
-	BURIAL 2-6-65	HOLY MEC	EEMER E	3ALTIMO	RE, Md	
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C FUNERAL DIRECTOR	WISh HUNG	FRAL ADAMS 149	7
	FEB 8 1965 R.C.	of E. Jankey M.A	17 sameis 9	r. millis 2	101 mulerich	an
V5	160 BEV 1/1/46			-		



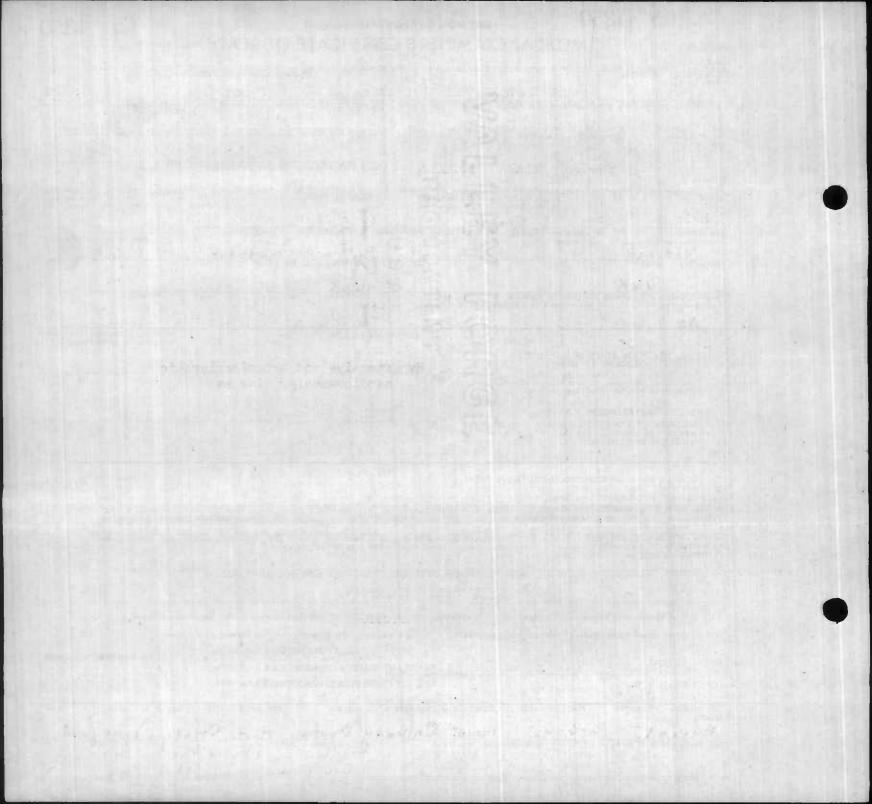
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	ing cau cause; attenderrior to
	occurre contribut ermined regular eased p
	if death ect or 4) Under was in the dec
RTANT	ssistant the dir y kind; (death ance on final dis
IMPO	Also, if re of an anounced attended or limed or
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing caus shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance of prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.
AL DIR	edical esdical esdical esdical esdical esdical esdican ysician was in
UNER	chief meby a meb) Body be the phe hysician
ш.	ed by the lospital ature; (2 pt where (6) No p
)	of any not all (except); and be obtain
	must be eleased ccident a hospit to deat
	dy was a (1) An a O.A. at approv
	This ce the borshows: was D. deceas

	0.40	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 1010
BIRTH NO. 65 1.	349	CERTIFICA	ATE OF DEATH	Registered No.	65 1349
1. NAME OF DECEASED	GE DEL	KFR	2. DATE 1	AND HOUR OF DEATH	12 or Noon
3. PLACE OF OEATH IN BA	not in hospitol ar in	NO stitution, give street	4. USUAL RESIDENCE (W	here deceosed lived. If in	stitution: residence befare odmission)
INSTITUTION	dress or location)	8 Hospital	BOLTIMO	outside city limits, write l	RURAL and give tawnship)
			941 GO	00.010	/Ε.
5. SEX 6. RACE	N I	MARRIED, NEVER MARRIED WIDOWEO, DIVORCED (specify)	8. OATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Oays Hours Min.
(ret'd) Elevat	, even il retired)	ieff Piano Co	Baltimore, M	aryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHERS NAME	DELKE	o o	14. MOTHER'S MAIDEN N	AME GIRKI	
15. Was Occased Ever in U(Yes, no or unknown) (II yes, g	. S. Armed Forces? ive wor or dotes of	service) 16. SOCIAL SECURITY NO. 218/12-4878	John J. Delke:	r,941 Gorsuch	ADORESS 1 Ave., Baltimore
	I ONDITION DIRECT	2/2/4			INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CON	etc. It means the which caused dea ENT CAUSES	giving 25 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rome dieng Wi	bear	Long stonday
OTHER SIGNIFICANT CONDITION OF THE DEATH B	II ONOITIONS CONT UT NOT RELATED	RIBUTING	- raemonaly		
19A. DATE OF OPERATION AND ADDRESS OF THE PROPERTY OF THE PROP		on FOR WHICH OPERATION AED abelower	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING DEATH (notily medical	CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
-	(Doy) (Yeor) (H	While At Nat Wh		NJURY OCCUR?	1./
that (# (we) last say	the deceased al	ive on (We) (did) (did not)			nion death occurred an the dote
23A. SIGNATURE	laner	M.O. A	tending Med. ys. Director	Stoll Phys.	23R. DATE SIGNED 24/65
23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION.	ENEW 248. DATE	M.D.	THE JOHNS 1	JOPKINS HO	SOURT
BURIAL	2-6-65	Bew Cathedral		Baltimore (C)	ity, fown, or county) (State)
25A. DATE REC'D BY HEAL FEB 8		NAME OF REDISTRAR	2SC. FUNERAL OIRECT	OR	AODRESS 11 Street, 21202
VS 150-REV. 1/1/65	dort	pprovat 9/1	weed tran	nery - 11	O lde new

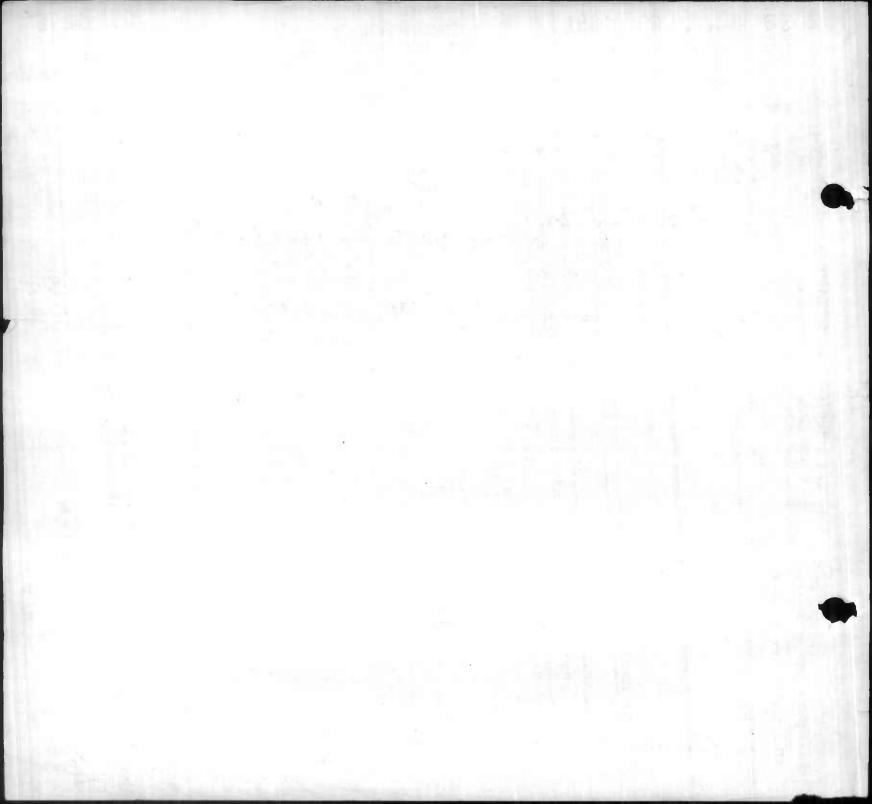


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3	3 4	SOU	DAI	TIMACOR	CITY	HEALTH	DEDA	DTAAE
Dr.			DAI	LIMOKE	CIII.	DEWLID	DELW	KIMEI

DIRTI	LNO	MEDI		A MINIED'S CE	TH DEPARTMENT ERTIFICATE OF I	DEATH Regist	65 1350
	CASE NO.	MILD	ICAL LA	AMIIATIV 2 CI	KIIIICAIL OI I	DEATH wag.s.	
1. N	AME OF DE	CEASED			N DATE AN	D HOUR PRONOUN	CED DEAD
Туре	e or Print)	RUSS	ELL LEZI	ENDERRY (Le	venberry) J	anuary 30,	1965 8:00 P _M
3. PL	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU			deceased lived. If in	stitution: residence before odmission
HOS	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outsid	e corporate limits, wri	te RURAL and give township)
		MARYLAND	GENERAL	HOSPITAL	D. STREET ADDRESS (If rurol,	give location)	Avenue
5. SE	X	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	nnsylvania 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
1	Male	Negro	_	OIVORCED(specify)	1./1898	last birthday)	Manths Days Hours Min.
0A.	USUAL OCC	UPATION (Give kind of world	NOB KIND OF		11. BIRTHPLACE (State or foreig		12. CITIZEN OF
опе	Retain	warking life, even if retired)	1 1 1 5		Baltimete ha	Ruland	WHAT COUNTRY?
3. F	ATHER'S NAM				14. MOTHER'S MAIDEN NAM	E	4414
	t	MK			UNK		
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT)	ADDRESS
00,	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		017-22-7535	mr Edward &	1/04 110	3 Vennsylvenia au
1	8. 41 6	(= V .			OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	DECTIV		•		ONSET AND DEATH
	DISEA	LEADING TO DEATH	KEC IL I	Myper	tensive and arte	riosclerot	ic
	(This does heart failure	not meon the mode of , asthenia, etc. It means	dying, e.g.,		ardiovascular di		a.v
	injury or co	mplication which caused	death.)	· ·	arorovasourar ar	.500.500	
		ANTECENDENT CAUSE	S				
		OR CONDITIONS, IF A		DUE TO	********************************	***************************************	
	UNDERLYI	NG CONDITION LAST.	IAING INE				STATES OF THE STATES
8				(C)			
FICATION		II NIFICANT CONDITIONS DEATH BUT NOT RE					
E	DISEASE O	R CONDITION CAUSING	G IT.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CERTI	9A. DATE OI	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	USES OF DEATH?
-1	TA EXTERNA	L CAUSE WAS	210	DI ACE OF INTIDAY (o	ies	16	:8
O li	JNDERLYING	OR CONTRIB-	home,	, form, foctory, street, a	ffice bldg., INJURY OCCUR?	tit in Baltimore City,	give exact iacanon/
Σ	TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
	(APPROX.)		m. V		ORK ORK		
- 1	22. Icer	tify that I held an I	nguiry 🗌	Inspection Aut	apsy ond that on th	is basis, death In	my apinian
	resu	Ited from: Natural ca	uses A	ccident Sulcide	Homicide 🗌	Undetermined man	ner 🗌
		()1	/	1	CHIEF MEDICAL EX	AMINER .	
	ACTUA		2 61	of Burns	ASSISTANT MEDICAL EX		DATE SIGNED
	SIGNAT	/ /	1	M. D.	ASSOCIATE MEDICAL E		1-31-65
	NAME (_ \ . /	John E	. Adams, M.D.			
	BURIAL CRE			C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (Cit	y, town, or county) (State)
-0	URIA	2-6-1	65 H	nount CAlva	Ry Cometery A	A. COUNT	4. maguland
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR	-	ADDRES
	F	EB 8 1965 (Robert	E. Farbura	the morton	June C	singl Homes INC
VS 1	151-REV. 1/1/	/65			Ballimore	maryland	21201
					- (9	



	C) P**	10-1		BALTIMORE CIT	Y HEALTH DEPARTMENT		CE	1000
BIRTH N		1351		CERTIFICA	ATE OF DEATH	Registered Na	65	1351
1.NAM	Print Rose	- Cononin	Alic	· L	2/	HOUR OF DEATH	112-	PM.
3. PLAC	E OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	titution: residence	e before odmission)
HOSP	NAME OF	(If not in hospital oddress or location	or institution, giv n)	e street	C. CITY OR TOWN III o	utside city limits, write RU	JRAL ond give	lownship
2	51	* 11	11	1.		fruit give location)		
	211	IRI N	ospita		5129 Che	elgrove to	he.	
5. SEX	6. 6	W	7. M'ARRIED, N WIDOWED,	DIVORCED (specify)	SHOG	59	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min,
102,000		GOVERNOOF	+	SUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT CO	
13. EATH	TEN'S NAME	12	Knion	allapente	14. MOTHERS MAIDEN AN	AME, Ja.	IVOH	
15	estan	Dileo	11 /		Rue 7	2w-204/		
15. Wos (Yes, no	Deceased Eve or unknown) (If	er in U. S. Armed Fo	rces? es of service)	6. SOCIAL SECURITY NO.	17 INFORMANT	- Jen	ADDR	Facts 15.
NE	2		-	217-26-533		mond 512	9 Chala	and are
18.	DISEASE	OR CONDITION DI		CAUSE	DE DEATH	00/1		AND DEATH
	is does not	ADING TO DEATH meon the mode of	dying, e.g.,	(A) DUE TO	Jour Cara	1 Myarela	74	MAUNS
		henio, etc. Il meon: olion which couse		H1	250117	U	- MANO	- 5400 A
	ANI	ECEDENT CAUSE	S	(B) DUE TO	70.0.1.1.		appe	of Carlos
rise	lo the	CONDITIONS, if bove couse (A) ONDITION lost.		(C)				
≥ TO	THE DEAT	II ANT CONDITIONS THE BUT NOT REL	ATED TO THE	Diale	tes Mellite		Sever	ligary
	DATE OF OP	ERATION 198. CO		HICH OPERATION	20A AUTOPSY? (Yes or N	10) 208, IF YES, WERE FI	NDINGS CONS	IDENED
U 21 A	ACCIDENT OF CONTRIBUTION ATH (notify me	WAS UNDERLYING CAUSE OF	218. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exect	locotion)
D 21D	TIME (M	onth) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
E (AP	PROX.)		While	AI Wor		/	/	18
22.	I certify the	t (1) (this hospita	l) attended the	deceased fram	12/30	19 6 to	3/4	1960
		t saw the deceas		M . A		that in (my) (our) apin	ian death occ	urred an the date
	SIGNATURE	am the causes sto	1 days. (1)	(We) (did) (did nat)	view the bady after death		238. DATE SIGN	IED.
	1 (9)	uale	alli	M.D. A	ttending Med. Director	Stoff Phy sc	2/4	165
23C	PHYSICIAM'S NAME (Type)	Danill	192:00	M.E	23D. ADDRESS	YOSPITAL		
	RIAL CREMA		24C. NA	ME of CEMETERY OF C	REMATORY 24D.	LOCATION (City	r, town, or count	ty) (State)
13	urial	2-6-19	65 Dri	id Kidge	Cometery 6	Britts. The	ud.	
25A. D	TE REC'D BY		25B. NAME OF	REGISEBAR MAN	250. FUNHAL DIRECTO	A an	- Pa AC	DORESS
VS 150-	REV. 1/1/65	D 0 1909	المناسال	C, (0)00,	soung!	ujero 8/2	superior	albun MA
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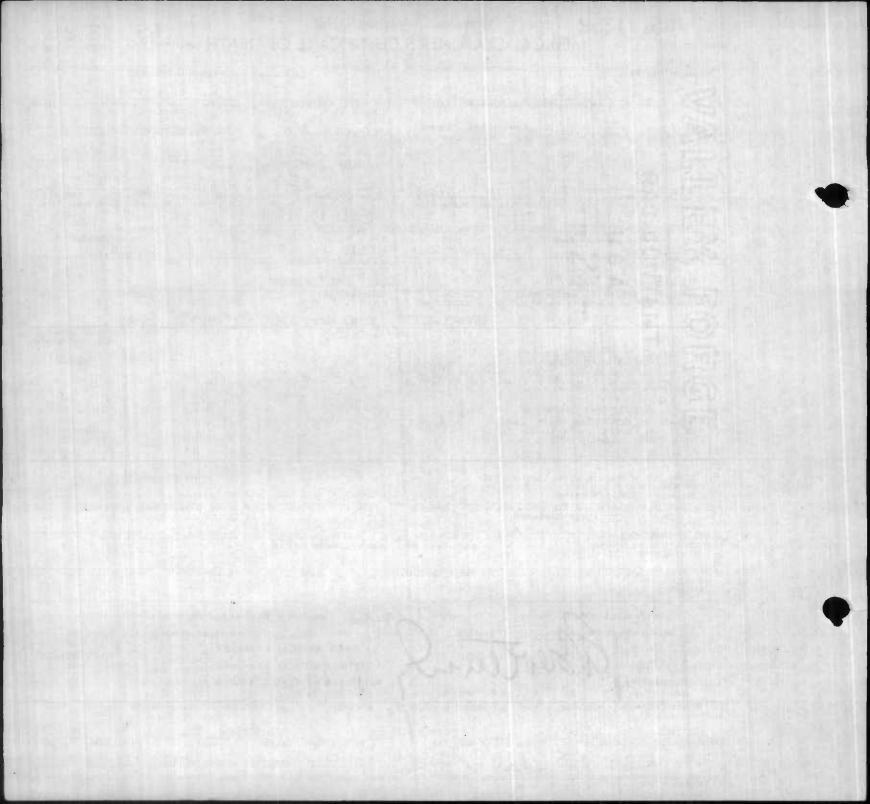


-	1352	BALTIMORE CITY HEALTH DEPARTME
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	BALTIMORE CITT HEALTH DEPARTMENT	
FDICAL	EXAMINER'S CERTIFICATE OF	DEATH Regis

	65	1352		BALTIMORE CITY HEAL	TH DEPARTMENT			65	1352
BIRT	H NO.	MED	ICAL EX	KAMINER'S C	ERTIFICATE	OF DE	EATH Registe	red No	LOGG
M.E	CASE NO.								
1. N	AME OF DEC	EASED			2.	DATE AND	HOUR PRONOUNC	ED DEAD	
	or inni	WILLIAM	VAN LUI	T		Februa	ry 6, 1965	5	2:25 PM
3. P	LACE IN BALT	IMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	A CTATE		ceosed lived. If inst	itution: reside	ence before odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Mar	yland			
HO:	L NAME OF	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		orporote limits, write	RURAL ond	give township)
1					Bal	timore	2	-6-	00
1					D. STREET ADDRES	S (If rurol, gi	ve location)		
	221017	St		Hospital	4623 K	Cavon Av	renue		
5. \$	EX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Doys , Hours , Min.
	male	white	Marri		April 10,	1929	35	1010111113	10013
t0A	USUAL OCCL	JPATION (Give kind of wor	414	F BUSINESS OR INDUSTRY			country)	12. CITIZEN	N OF
	during most of w	vorking lile, even if retired)	Proce	**************************************	Ohio				COUNTRY?
	ATHER'S NAM		DI.G.	wery	14. MOTHER'S MAIL	DEN NAME		0.	S.A.
16 1		m Van Luit	D FORGERS	16. SOCIAL	Don't	KHOW		ADDRESS	
		(If yes, give wor or dot		SECURITY NO.	IV. INFORMANT			ADDRESS	
3	es	WW 2		276-20-4276	Mrs. Mary	Van Lu	it 4623 Ka	von Av	e.
-	1B.	0 1		CAUSE	OF DEATH	0.00	20100 22	1	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION D	DECTIV					1	ONSET AND DEATH
	DISCAS	LEADING TO DEAT	4	Occ1	usive coron	nary art	ceriosclero	otic	
	(This does n	ot meon the mode o	dying, e.g.,	DUE TO	heart di	sease	*******		
	injury or con	osthenio, etc. It mean application which coused	deoth.)						
	A	NTECENDENT CAUS	ES						
		OR CONDITIONS, IF		(B). DUE TO					
	UNDERLYIN	E ABOVE CAUSE (A) S IG CONDITION LAST,	TATING THE						
Z				(C)					
E		li	- 3			0 0 20			
S		DEATH BUT NOT RE							
TE		R CONDITION CAUSIN		100000000000000000000000000000000000000					
CERTIFICATION	19A. DATE OF		NDITION FOR	WHICH OPERATION		Yes or No) 20	CERTIFYING CAU	IDINGS CO	N SIDERED
	EVERNIA	CAUSE WAS			Yes		ies		
O	UNDERLYING	OR CONTRIB- SE OF DEATH,	21 B. home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street, c	in or obout 21C, WHI iffice bldg., INJURY O	CCUR?	in Boltimore City, gi	ve exoct loc	otion)
	21 D TIME	(Month) (Doy) (Yes	n (Houn)	21 E. INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
	OF INJURY (APPROX.)		m.	WHILE AT NOT	WHILE				
	22. 1 cert	ify that I held an				hot on this	bosis, deoth in n	ny opinion	
	resul	ted from: Naturale	uses X	Accident Suigid	e Homicide	Une	determined monne	er	
		111	77		CHIEF MED				
	ACTUAL	- 1/1/8	10,40	1, 4					DATE SIGNED
	SIGNAT		MI	M.D.	ASSISTANT MED				2-7-65
	EXAMIN	Type) Rudiger	Breitene	cker	ASSOCIATE MED	DICAL EXA	MINER		
23A		MATION, 23B DATE		C. NAME of CEMETERY O	CREMATORY	23D. LOC	ATION (City.	, town, or co	ounty) (Stote)
	OVAL (Specify)							
0.11	Burial	2/10/6		Gardens of			clea, Md.		1
24A		BY HEALTH DEPT.	_	OF REGISTRAR	24C, FUNERAL		Daniel Mills		DDRESS
	F	EB 8 1965	Poblat	r E. Sanbey M.A.	Ullrich	Funeral	Home 4210) Belai	r Road.

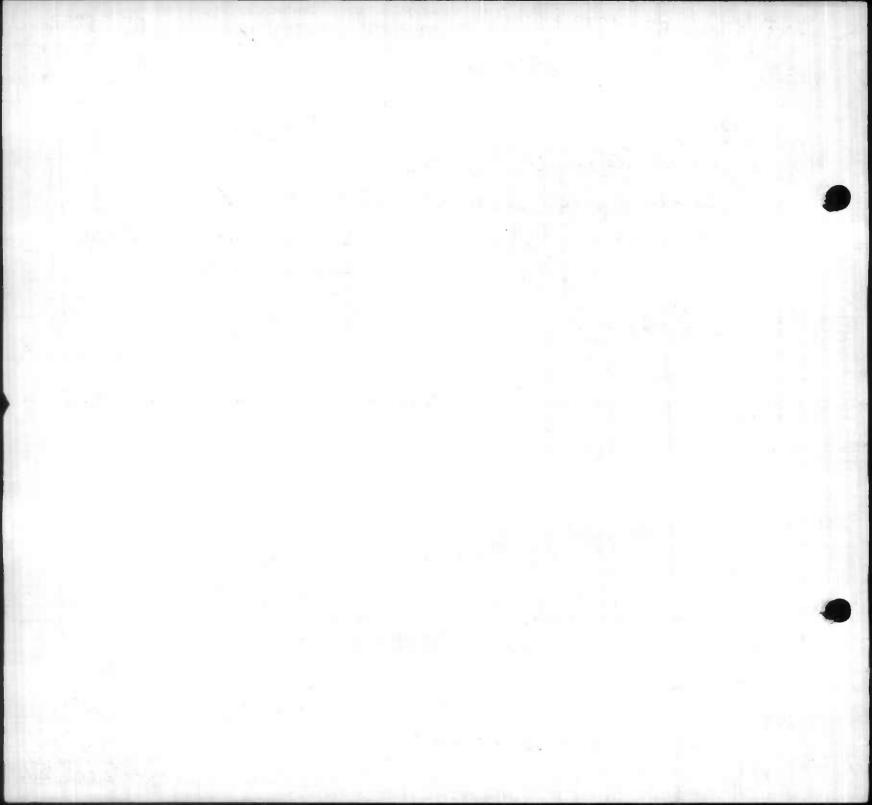
VS 151-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such arritten approval must be obtained before the remains are embalmed or final disposition is nade. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		A (3 % /)
BIR	тн но. 65 1353	CERTIFICA	TE OF DEATH	Registered No.	65 1353
	E CASE NO.			ND/HOUR OF DEATH	
(Ту	pe or Print) July Almy	ince	2/4	1/65 11:35	AM M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA	re deceosed lived. If inst	itutian: residence before odmission)
11	FULL NAME OF (If not in hospitol or institution, g HOSPITAL OR oddress or locotion) NSTITUTION	pive street	C. CITY OR TOWN	utside city limits, write RU	RAL ond give township)
1	1 0/ 10 0	1 1 1	D. STREET ADDRESS (III	rurol, give location)	27 00
X	Ans Hopkins de	soutab			
1/2	emale allife 7. MARRIED, WIDOWED	DIVORCED (specify)	8. DATE OF BIRTH 3 - 27-83	9. AGE (In years lost binhogy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ergn country)	12. CITIZEN OF WHAT COUNTRY?
	Housewide Hor	ne	Carret to	mo	21,5,0,
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME 10 - 1	1
	William F. Coster		UP TOP	TOTAGH X	leve ann!
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown)(If yes, give war or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- 0	ADDRESS
	20 -	no	mo Beulale	Joy - Ol	west, mg
	18.42.11	CAUSE O	F DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Nito	riscolaratio (and in second	11 Making Man
	(This does not mean the mode of dying, e.g.,	DUE TO	isease	4 800 10 12 9 5 6 4 4 6	ir uanhown
	hearf foilure, asfhenio, etc. 11 means the disease, injury or complication which coused death.)	M	isense 1/	1.01.	41
	ANTECEDENT CAUSES	(B) //e S (enleric Vasci	ylar Ceclusia	on Iday
	DISEASES OR CONDITIONS, if any, giving				
	rise to the obove couse (A) stofing the UNDERLYING CONDITION lost.	(C)			
	II	1			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
CAI	DISEASE OR CONDITION CAUSING IT.	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE FIL	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING 21B. hom CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, lorm, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, OF INJURY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
1	(APPROX.) Whi	le At Not While At Work			
	22. I certify that (I) (this hospital) attended the	ne deceased from	1 2/3	1965 10	2/4 1965.
	that (I) (we) last sow the deceased alive on	2	14 19 65 and 1	hat in(my) (our) opini	on death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE	11		. ,	23 B. DATE SIGNED
	Howard a. Kuth	Les M.D. Att. Phy	ending Med. Director	Stoff Phys.	2/4/65
	23C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS	11 11 -	1111-40
	Howard H. Kick	Ter M.D.	Johns	Hopkin	2 Hospilal
24.	A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	town, or coventy) (State)
	Burial Feb. 7, 1965 ().	livet Cem		livet - la	but to, hed
25	FEB 8 1965 1258. NAME OF	S FA. D. M.D.	25C PUNERAL DIRECTO	R	mutual 1850 K 34.
VS	150-REV. 1/1/65	C. TONDEDTIN	VU. 4. Harkse	ese ran-1	out Republic, Mid.



Undetermined cause; (5) Deceased contributing death 0 4 assistant if kind; any Also, of fracture the chief medical examiner examiner. 4 (F) medical burns; Body 0 by 3 to the hospital nature; be approved by

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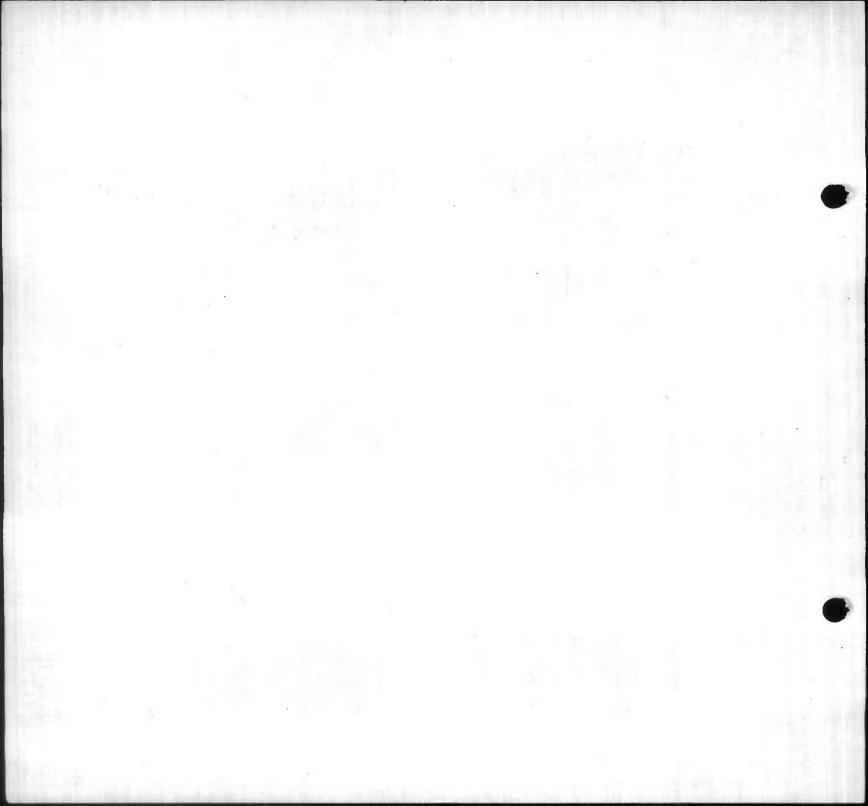
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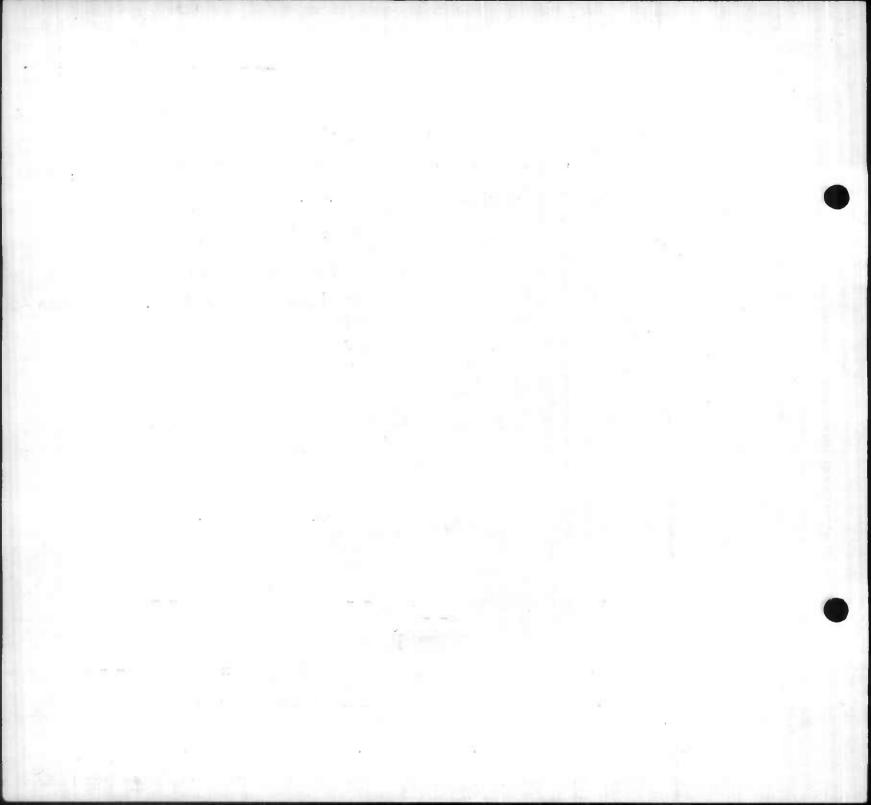
must

BALTIMORE CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF OEATH NAME OF DECEASED Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN 4. USUAL RESIDENCE (Where deceased A. STATE 8. COUNTY lived. If institution: residence odmission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddross or location) OR TOWN outside city limits, write RURAL and give township) D. STREET turol, give location) 5. SEX 9. AGE (In years 6. RACE MARRIED, NEVER MARRIED B. OATE OF If Under 1 Yr. If Under 24 Hrs. Months Ooys WIDOWED, DIVORCED (specify) Hours lost birthdoy) 10A USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INOUSTR or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) land .5. Housewit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brownize Jeneva mes ADORESS Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or wiknown) (If yes, givo wor or date s of sorvice) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, to the abave cause (A) stoling the UNDERLYING CONDITION lost. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE OID (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify modical examiner) etc.) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 that (1) (we) last sow the deceased alive on and that in (my) (aur) apinian death occurred an the date DM and haur and from the causes stated abave. (1) (His) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff M.O. Phys. Director 23C. PHYSICIAN'S 23 O. ADDRESS NAME (Typo) 0 90 24A. BURIAL/CREMATION. OF CREMATORY (State) REMONAL (Specify 25A, DATE REC'D BY HEALTH 258. NAME OF REGISTRAR DEPT 25C. FUNERAL DIRECTOR A OD RESS VS 150-REV. 1/1/65



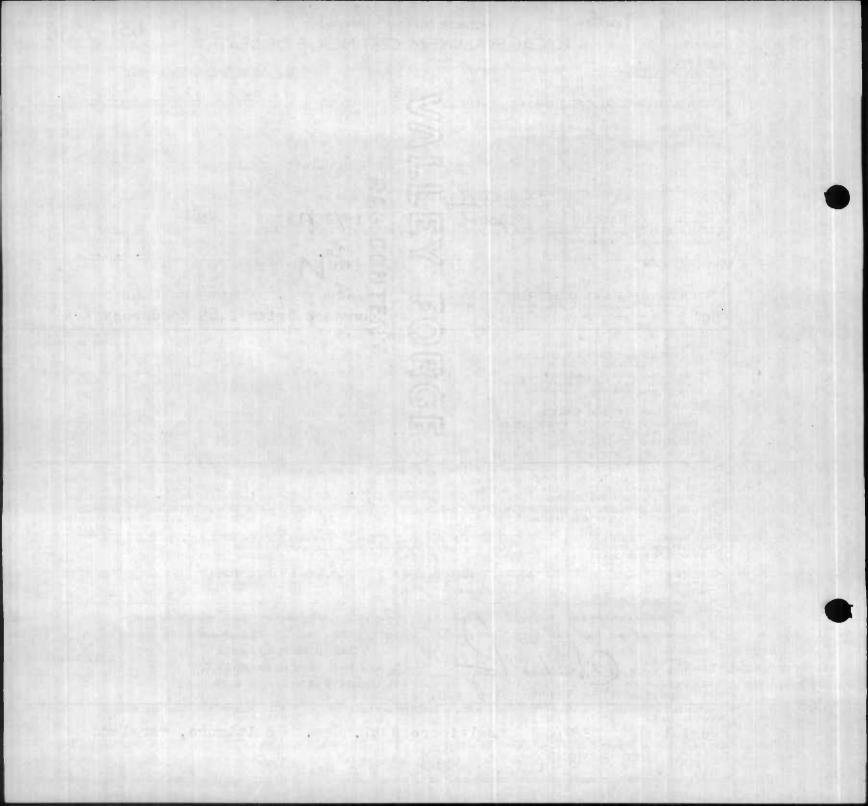
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and when body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🧷
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approved must be obtained before the remains are embalmed or final disposition is made.

(E ADEC		BALTIMORE CITY	HEALTH DEPARTMENT		CE ADEE
IRTH NO.	55 1355		CERTIFICA	TE OF DEATH	Registered No.	65 1355
A.E. CASE NO.	CEACED		GERTITO,		AND HOUR OF DEATH	A
Type or Print)				Z. DATE		
	Daisy Reed				2-5-65	
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. CO	here deceased lived. II i	institution: residence before odmission
FULL NAME		or institution,	give street	Maryland		3 -0/
HOSPITAL OR	oddiess or location	1)		C. CITY OR TOWN (III	outside city limits, write	RURAL ond give township)
1	Provident Ho	696		Baltimore		
/	1514 Divisio	n Stree	et		(If rurol, give location)	
	Baltimore, M	arylan	d 21217	1410 Press	tman Street	
• S EX	6. RACE	7. MARRIED,	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
יי דו	AT	Marr	D, DIVORCED (specily)	Sept.? 9,192	lost birthdoyl	Months Doys Hours Min.
Female	Negro		F BUSINESS OR INDUSTRY			12. CITIZEN OF
	working lile, even if retired)					WHAT COUNTRY?
?		1	?	Marylar	10	USA
3. FATHERS NA	ME			14. MOTHER'S MAIDEN	NAME	
	0			Cothant	ne Johnson	
5 Was Document	d Ever in U. S. Armed For	C0 s ?	1 6. SOCIAL	17. INFORMANT	ie commann	ADDRESS
Yes, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.		39 9/	
No				Sylvester 1	101g 1012	W. Laffayette
18. , /	/v 1		CAUSE O	DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	ECTIV		1		ONSET AND DEATH
DISEA	LEADING TO DEATH	CECILI	Dr	mello Di	reu m on	
(This does	nal meon the made of	dvina. e.a	DUE TO			
heart failure	, asthenia, etc. It means	the disease,		oncho pr lampsu		
injury ar ca	mplicotian which coused	deoth.)	S'A	lam Der	A	
	ANTECEDENT CAUSES		(B) CO	Carripos.		**************************************
DISEASES	OR CONDITIONS, if	onv. aivina	001 10	/		
	ne abave cause (A)		(C)			
UNDERLYIN	G CONDITION lost.					
	11					
O OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTIN	G			
	DEATH BUT NOT RELA		1E			
19A. DATE O			WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O	WAS PER	FORMED			Yes.	AUSES OF DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	Yes.	(II in Boltimo	ore City, give exoct location)
OR CONTRIB	UTING CAUSE OF y medical examines	hon	ne, lorm, loctory, street, of	fice bldg., INJURY OCCUR	?	
U	y medicol exominei	e i e i	• *			
OF INJURY	(Month) (Doy) (Year)	(Houi) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Wi	nile At Not While			
				27/5		
	y that (1) (this hospito			2-3-65	19 to <u><</u>	-5-65
that (I) (we) last saw the decease	d alive on	2-5-65	19and	that in (my) (our) op	Inion death accurred on the do
23A. SIGNAT		ea anove. (I) (We) (did) (did not) v	iew the body diter dedi	fl o	DATE CICALED
23A. SIGNAL	1			nding - A4 - 4		23B. DATE SIGNED
Fille	emo La	400	P, M.D. Atte	nding Med. Director	Stoff Phys.	2-6-65
23C. PHYSICI	AN'S	1		23D. ADDRESS		1
Balbi		/ /	// M.D.	1514 Divisi	on Street	
			U			
AA. BURIAL CR	EMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	City, town, or county) (Stote)
		-				N/I
Buria SA. DATE REC'I	BY HEALTH DEPT	5 NAME	of REGISTRAP	em. 1	altimore,	Maryland
The Red	CED O MOSE	000	C I 1 11	M. C. 12 1/	2 11/1 1-	10 30 8 04 00
	ED 0 1909	Us been	C' Achtening	Dona 6	: Kilson 134	OH. Calloun St.
S 150-REV. 1/1.	/65			1		

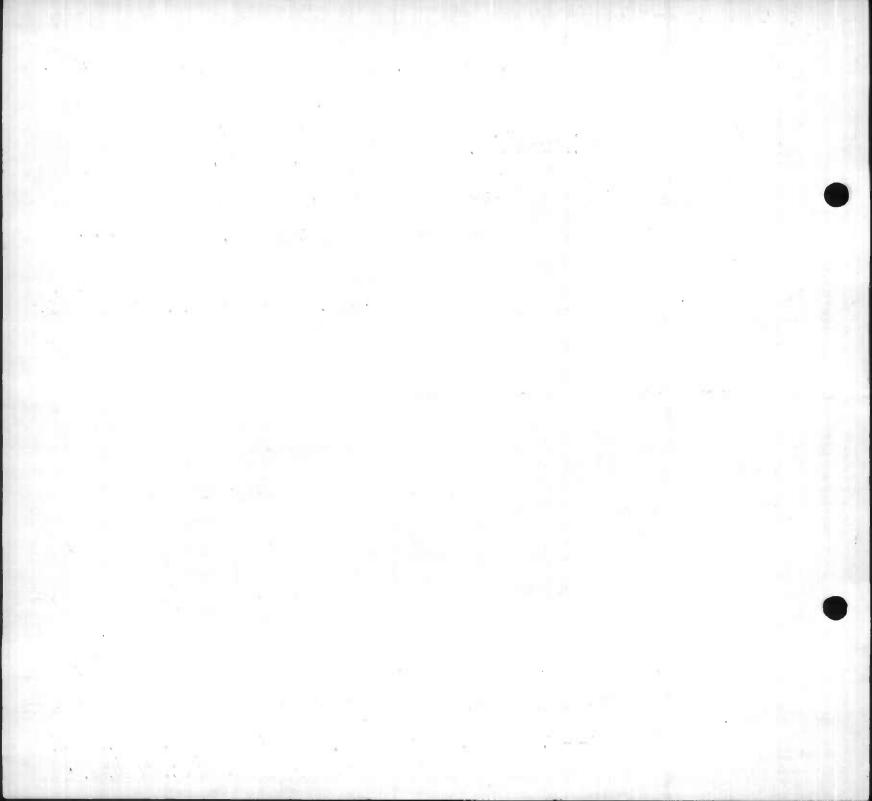


60 10),)()	BALTIMORE CITY HEALTH DEPARTMENT	NT	6:
BIRTH NO.	MEDICAL EX	KAMINER'S CERTIFICA	TE OF D	EATH Registered No.
M.E. CASE NO.				
1. NAME OF DECEASED	DEAMDIAN	TOTALON	2. DATE AND	HOUR PRONOUNCED DEAD

M.E. CASE NO.						
1. NAME OF DEC					TE AND HOUR PRONOUNG	
	BEATRIC		JOHNSON		February 4, 196	
3. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If in:	stitutian: residence before admissian) UNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Mary 1	l outside corporate limits, wri	te RURAL and give township)
Pro	vident Hospi	tal		D. STREET ADDRESS		10
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
		WIDOWED,	DIVORCED (specify)	20/05/20	las1 birthdayl	Manths Days Haurs Min.
Female	Negro		OWER	12/25/13	51	12. CITIZEN OF
	working lile, even il retired)		P BUSINESS OR INDUSTR	Fla.	or foreign country)	WHAT COUNTRY?
13. FATHER'S NAM	1 E			14. MOTHER'S MAIDEN	NAME	
	D EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT		ADDRESS
No	(If yes, give wor or do	les of service)	SECURITY NO.	Lawrence S	smith 2445 Wo	odbrook Ave
DISEASES RISE TO TH UN DERLYIN OTHER SIG	not meon the mode constants, etc. It meon mplication which caused NATECENDENT CAUSON CONDITIONS, IF E ABOVE CAUSE (A) ING CONDITION LAST. II NIFICANT CONDITIONS TO PART HEAT NOT R	is the disease, i deeth.) BES ANY, GIVING STATING THE	7115			
E DISEASE OF	R CONDITION CAUSIN		Hyperte	ensive Cardio	vascular Diseas	se
200		RFORMED	WHICH OPERATION	Yes	or No. 208, IF YES, WERE FIN CERTIFYING CAL	ISES OF DEATH? Yes
O UNDERLYING	OR CONTRIB-	hometc.)	e, lorm, foctory, street,	olfice bldg., INJURY OCC	DID (If in Boltimore City, CUR?	give exect locollon/
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) {Ye		WHILE AT NOT AT W	WHILE	ID INJURY OCCUR?	
22. I cert	tify that I held an	Inquiry	hspection Au	tapsy K and that	an this basis, death in	my aplnion
resul	ted fram: Natural co	auses X	Accident Suicid	le Hamicide L	Undetermined man	ner
ACTUAL		ilis /	ctt M.D		AL EXAMINER X	DATE SIGNED
EXAMIN	IER'S	s S. Pet	+	ASSOCIATE MEDIC		2/4/65
23A. BURIAL CREA	MATION, 238. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (Cit	y, tawn, ar caunty) (State)
Burial	- 1 - 1	65	Baltimore N	atl. Cem.	Baltimore.	Maryland
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DI		ADDRESS
	FEB 8 1965	Rober	BE, Farlew MA	Skorge A	1. V.len 134	8 7 Colley S



	1 Ch m 101		BALTIMORE CIT	Y HEALTH DEPARTME	NT	C. D.	The state of the s
BIRTH NO. 65	1357		CERTIFICA	TE OF DEA	TH Registered N	10. 65	1357
M.E. CASE NO.			CERTITION				
1. NAME OF DE (Type or Print)	4.	4.		2. D	ATE AND HOUR OF DEA		
	Ma	ry M. L	Buczkowska.		February 4	1965	6:15 P. M.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYCAND		4. USUAL RESIDENC A. STATE B.	E (Where deceased lived, COUNTY	If institution: resident	ce before odmission)
FULL NAME			ive street	Md.		06	>-11
HOSPITAL OR				C. CITY OR TOWN			township)
0	824 S. Ea	st Ave.	4 /	D. STREET ADDRESS	one # 21224 (If rurol, give location)		
	Balto., 2	1224, 1	ld.				
5 0 5 4		77 444 001 00	NICTOR ALABATE		East Ave.		
5. SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
Female	White	Wi	dowed	July 24, 180			
	CUPATION (Give kind of world working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	IF DUNTRY?
	tired	H	louse Work	Raltim	and MW		. A.
13. FATHER'S NA		,,	owse word	14. MOTHERS MAID	EN NAME		
	2 C	1.1.			11 1		
15 Was Dasses	ed Ever in U. S. Armed For	tetz	1 6. SOCIAL	17. INFORMANT	Unknown	ADD	DECC
(Yes, no or unknow	wn) (If yes, give wor or date	s of service)	SECURITY NO.	17. INFORMANT		ADD	M::
No			None	Anna M. Zeo	zdryn 2594 S.	W. 26th 1 an	incarre,
18.4.2	7 / 1		CAUSE	OF DEATH		INTER	VAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	0.		.,		T AND DEATH
	LEADING TO DEATH		CEREB	to VASCULAR	HEMORRHATE	E 2-	-1-65
	nal mean the made af a, asthenia, etc. It means		DUE TO	• • • • • • • • • • • • • • • • • • •			
	amplication which caused		(A =				
	ANTECEDENT CAUSES		(B) 4571	ERIO SCLEROT	7/6		****
DISEASES	OR CONDITIONS, if	any giving	DUE TO				
	the above cause (A)		(C)	Cake.	DESENSE	/	961
UNDERLYIN	NG CONDITION last.						
	- 11						
O THER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING					
DISEASE OF	R CONDITION CAUSING	Т.					
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE O	OF OPERATION 19B. CON	FORMER ON	VHICH OPERATION	20A. AUTOPSY? (Ye	S OF NO 20B, IF YES, WE	CAUSES OF DEATH	SIDERED 1?
U 21A. ACCID	ENT WAS UNDERLYING					more City, give exoc	et location)
OR CONTROL	DISTRICT CALLER OF	hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street,			more city, give exor	JI TOCOWON/
O DEATH (NOT	ify medical examined to		1101		NONE		
21 D. TIME OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)	NONE	Whi	k AI WAY WAY	ile	NONE	0. 1	
22 20216	Su that (1) (this hasnital				19 / 9/0	Tyl- if	1065
	y that (1) (this hospital		2 -4-65		/ /	Take S.	
	lost sow the deceose				ond that in (my) (opinion death ac	curred on the dote
ond hour o	nd from the couses sto	ted obove. (1) (We) (did) (did not)	view the body ofter o	deoth.		
23A. SIGNAT	TORE () ()	2				23 B. DATE SIG	NED
Mol	4. Sohemu	waster		tending Med.	r Stoff Phys.	2 -	7-65
23 C. PHYSIC	IANS			23D. ADDRESS			
NAME	A SCHIMIL	NIE V	M.D. M.D.	842 S.E.	OSTANE COL	II To MI	82,2011
24A. BURIAL CE	REMATION, 24B, DATE	DAC NA	12	0	DAD LOCATION	15:00	2 4 1 4 4
REMOVAL	(Specify)	24C.NA	ME of CEMETERY of CE	IEMATORT	24D. LOCATION	(City, town, or cour	лтул (Stote)
Buri	ial 2-8-65		St. Stanisla	IIA Com	6515 Boston S	St. Balto	24 M
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME O	FREGISTRAR	SC. FUNERAL DI	2	S Cartie	DDRESS
	FEB 8 1965	Or Des Br	E. Salberte.	Physical K	Jeilin Balte	- Cansung	mot.
VS 150-REV. 1/1		- Marchael		4	7	.,,	DOM 8



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(4) Undetermined cause; (5)

contributing cause

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D.O.A. shows: (1)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

40	BIRTH NO. CE	4
sed the the	M.E. CASE NO.	1
de de s	(Type or Print) Ch	ar

les Weissner 3. PLACE OF DEATH IN BALTIMORE MARYLAND

2. DATE AND HOUR OF DEATH

February 6, 1965 11:50 A. M.
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)

FULL NAME OF	(If not in
LICEDITAL OR	and decree

hospital or institution, give street

Baltimore, Maryland 21224

Maryland C. CITY OR TOWN (If outside city limits. wife RURAL and give township

INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue

Baltimore D. STREET ADDRESS (If rural, give location)

1312 Broening Highway 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs.

5. SEX Male White

done during most of working life, even if retired?

15. Was Deceased Ever in U. S. Armed Forces

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married

10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

Hours 12. CITIZEN OF WHAT COUNTRY?

RETIRED

AMER, ALLOY CO.

Maryland, BALTIMORE
14. MOTHER'S MAIDEN NAME

U. S. A.

13. FATHER'S NAME

CHARLES WEISSNER

MADELINE

ADDRESS

13 Days

ONSET AND DEATH

(Yes, no or unknown) (If yes, give wor or doles of service)

SECURITY NO.

6-10-5776A RECORDS: BCH 4940 Eastern Avenue 21224

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.

(A) Septicemia

Chronic Pyelonephritis

17. INFORMANT

(C) Cerebral Vascular Accident

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotity medical examined

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

MEDIC (Month) (Doy) (Year) (Hour) (APPROX.)

21E INJURY OCCURRED Not While While At Al Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this haspital) attended the deceased from June 19. that (I) (we) lost sow the deceased alive on February 6.

19 65

19 64 to February 6.ond that in (my) (our) opinion death accurred on the date

23R DATE SIGNED

ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

Attending

Stoff Med. Oirector

23 C. PHYSICIAN'S NAME (Type)

Dr. Robert Cooke

M.O. 24C. NAME of CEMETERY OF CREMATORY

23 D. ADDRESS

4940 Eastern Avenue

REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION, 24B. DATE

258. NAME OF REGISTRAR

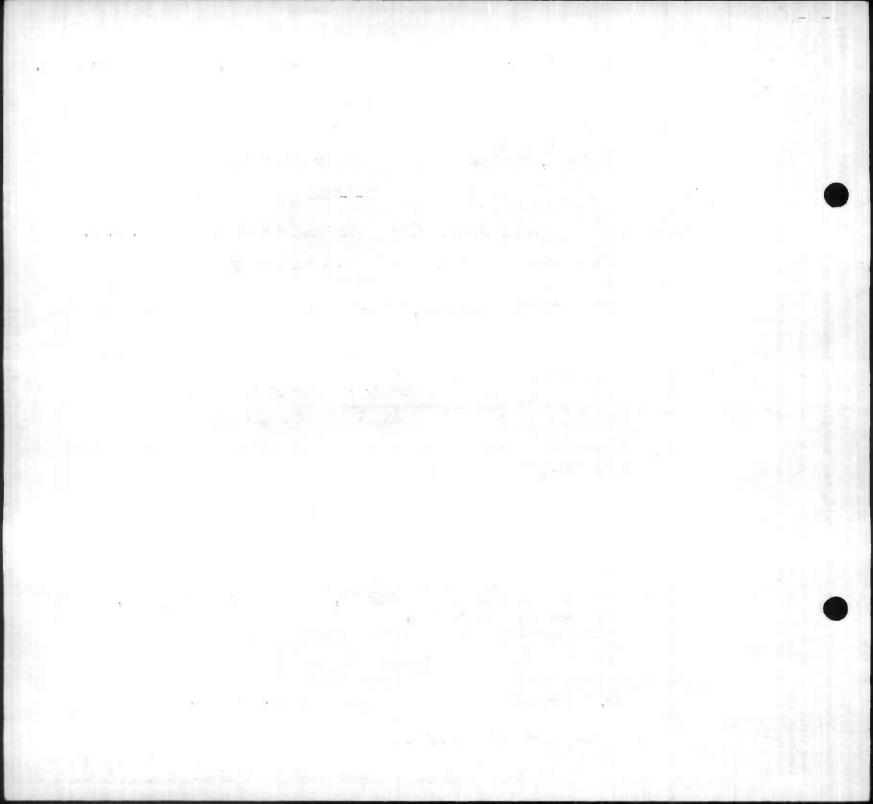
SACRED HEART CEM

7401 GERMANHILL RD, BALTO. CO., MD

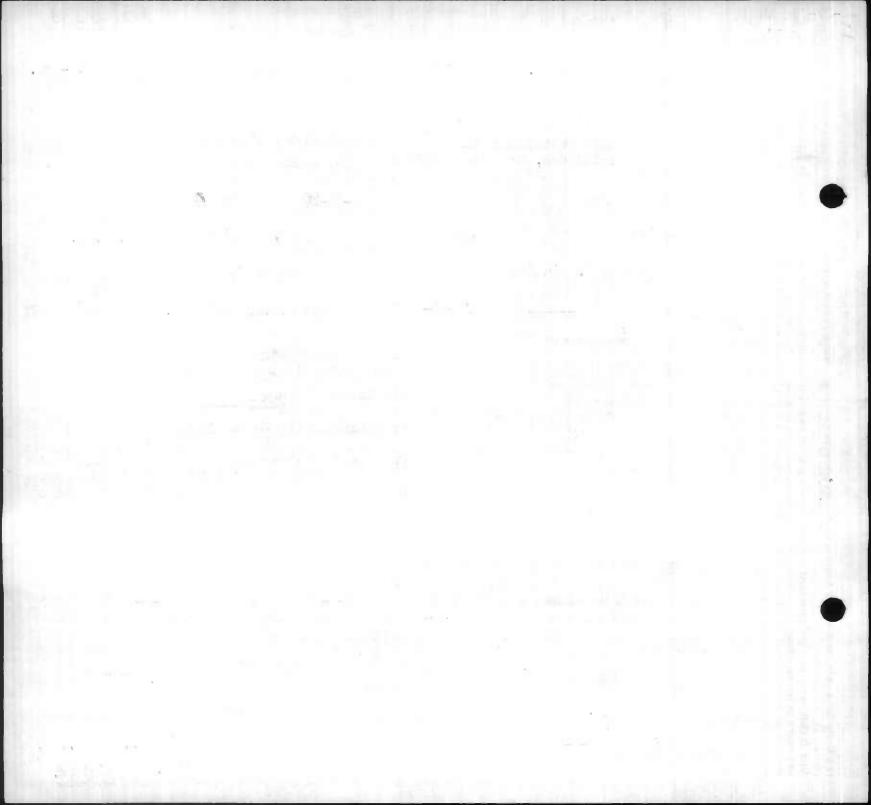
VS 150-REV. 1/1/65

IMPORTANT any fracture of the chief medical examiner (2) Body to the hospital by any nature; An accident of

FUNERAL DIRECTOR:



		BALTIMORE CITY	HEALTH DEPARTMENT		65 1359
BIRTH NO. 65	1359	CERTIFICA	TE OF DEATH	Registered No	00 1000
I. NAME OF DECEA	SED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Anno M F	Pitanatniek	2-4	65	12:30 A.M.
3. PLACE OF DEATE	Anna M. I	DOZDAGITICA	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admission)
			A. STATE B, COUR	1II)	6-31
FULL NAME OF	(If not in hospital or instit	ution, give street	Maryland	1	-0-06
HOSPITAL OR	address or location)			itside city limits, write	RURAL and give township)
/	Baltimore Cit	-	Baltimore	# 21111K	
	4940 Eastern	Avenue	D. STREET ADDRESS (III	rural, give location)	
	Baltimore, Ma	ryland #21224	1329 South C	linton Ct-on	+
5 any					
5, SEX 6.		RRIED, NEVER MARRIED OWED, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	White W	lidowed	2_13_96	74	
10A, USUAL OCCUP	ATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
	king life, even if retired)	44 40 4			WHAT COUNTRY?
Retire	ed	Houselonk	Maryland,	Baltimore	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Che	rles H. Winkler		A1	, , ,	
			(larga)	ret Fogler	
(Yes, no ar unknawn) (I	ver in U. S. Armed Farces? I yes, give war ar dates of se	vice) 1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		219-32-0837	RECORDS: B.C.	U 1010 Fort	Assessed #27221
18. 11 5 A	4 1	CAUSE O		1. 4940 East	ern Avenue #21224
HdD	4	CAUSE O	DEATH		ONSET AND DEATH
	OR CONDITION DIRECTLY				
			e Pulmonary Eder		
	mean the mode of dying, thenia, etc. It means the di		ule Out Pulmona:	ry Embolus	
	cation which caused death.				
AN	TECEDENT CAUSES		gestive Failure		
		DUE TO			
	CONDITIONS, if any, obove cause (A) sloting	giving	eriosclerotic He	ant Diagna	
	CONDITION last.	(C) AI U	erroscreroere in	sare Disease	
Z OTHER SIGNIE	ANT CONDITIONS CONTRI	Puli	monary Embolus		l Month Ago
E TO THE DEA	TH BUT NOT RELATED T	O THE Cere	ebral Vascular	Accident	1 Month Ago
DISEASE OR CO	ONDITION CAUSING IT.	FOR WHICH OPERATION TO	versited Terest	AN.	
19A. DATE OF O	WAS PERFORMEN	FOR WHICH OPERATION 4	TOWN MOTORSTITIES OF TH	IN CERTIFYING CA	USES OF DEATH?
19A. DATE OF O			No		
U 121A. ACCIDENT	WAS UNDERLYING I	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimare	e City, give exact location)
Z DEATH (notify m	edical examiner)	hame, farm, factory, street, at	nce blag., INJURI OCCUR!		
9					
W OF INITION	Month) (Day) (Year) (Haur		21F. HOW DID IN.	IURY OCCUR?	
(APPROX.)		While At Not While At Work	e 🛅		
22 1 - 416 41	(I) (al != 1 ==!a. I)		2-3-	19 65 to	2-4- 1965
ZZ. I certify th	ot (I) (this hospital) atten				
that (I) (we) Id	st saw the deceased olive	on 2-4-	19.65 ond th	not in (my) (our) opi	nion death occurred on the date
ond hour ond f	rom the couses stated abo	ve. (1) (We) (did) (did not) v			
23A. SIGNATURE		(, (), (), (), (), (), (), (), (23B. DATE SIGNED
	en la	all M.D. Atte	nding - AAnd -	S+-#	23 d DATE STORED
	-11.	M.D. Are	mding Med. Director	Stoff Phys.	2-4-65
23C. PHYSICIAN	S		23D. ADDRESS		
NAME (Type		M.D.			
	Dr. Robert C	ooke	4940 Eastern		221
24A. BURIAL CREMA	ATION, 248. DATE	4C. NAME of CEMETERY or CRE	MATORY 24D. L	OCATION (Ci	ty, town, ar county) (State)
Burial		Sans 1 11 - 1	740	11 Garman H:	11 Rd Rals - 22 Mil
25A. DATE REC'D		Sacred Heart	25C. FUNERAL DIRECTO	- Jounut III	U.Rd. Balto., 22, Md
ZJA. DATE REC P	1965 6	A O T	DIRECTO	901	S Combline C.
		ent E. Jane M.D	Schroles Line	celes BDI-	S. Conkling St.
VS 150-REV. 1/1/65					



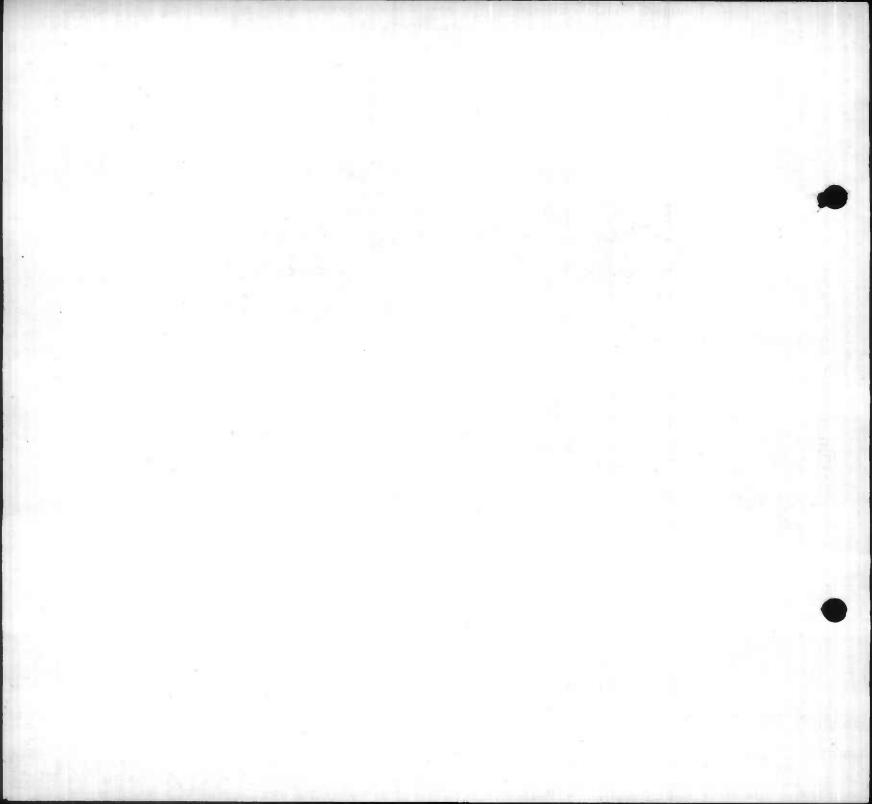
IMPORTANT FUNERAL DIRECTOR:

174

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	05
CERTIFICATE OF DEATH	Registered No. 65 1360

BIRTH	NO. 65 13	60	CERTIFICA	TE OF DEATH	Registered No.	65 1360
1.NA	ME OF DECEASED	1 A M 7	RAUNHAM	2. DATE AL	NO HOUR OF DEATH	1421/21h
FU	TOLINAS IL NAME OF (If not in	ORE MARYLAND KINS hospitol or institutor location)	RAYNHAM OSPITAL tion, give street	A. USUAL RESIDENCE (Who A. STATE B. COUI MARYLAND C. CITY OR TOWN (IF or	ore deceosed lived. If ins	JRAL and give township)
3					rural, give location)	
5. SE	6. RACE	WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify)	MOOS NORTH F B. DATE OF BIRTH 9-25-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. L	An amount	ind of work 10B. KIN		11. BIRTHPLACE (State or fore	90	12. CITIZEN OF WHAT COUNTRY?
	Bishoy	e 2	Laynham	14. MOTHER'S MAIDEN NA	Wall	
15. W. (Yes, n	as Deceased Ever in U. S. A no ar unknown) (If yes, give w	Armed Forces? or or doles al serv	ice) 16. SOCIAL SECURITY NO.	Eurola I	with 38	og Aukhardam
11	B. 163 X I	TON DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
l b	LEADING TO This does not mean the nearl failure, asthenia, etc.	DEATH mode al dying, Il means the disc	e.g., DUE TO	ETASTATIC CAS BRAIN MINUMAN OF	KLINOMIN TO	13 1110.
	njury ar camplication which ANTECEDENT		DUE TO	xinona) of	LUNG	NKHOMH
ri	DISEASES OR CONDITION ise to the above country of the condition of the co	se (A) stating				
ATION	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION CO	OT RELATED TO				
	A. DATE OF OPERATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
AL C	TA. ACCIDENT WAS UNDER CONTRIBUTING CAUS	EOF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
30	ID. TIME (Month) IDoy OF INJURY APPROX.)) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
+1	hat (1) (we) lost saw the	deceased alive	an Francisco	19 6 5 ond 11	19 US to 4	Feb 19 05, ian deoth occurred on the date
	BA. SIGNATURE Chincols BC. PHYSICIAN'S	Jeans	Phy:	minding Med. S. Director 23 D. ADDRESS	Stoff Phy s.	Joh 4, 14ks
	NAME (Type)	color Ile	C. NAME OF CEMETERY OF CRE	601 N. B.		BUTINOTE 5
1	Dures 2:	7-65 (arbutus 7.	nem, Pt. B	actemare	_ md.
	DATE REC'D WHEATTH D	965 R.C.	ME OF REGISTRAR	250 FUNERAL DIRECTO	S. Thelly.	1727 M. Morroce
A 2 1 2	0-REV. 1/1/65			1/	,	0//



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BALTIMORE CITY HEALTH DEPARTMENT 1361 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) :52 5/65 SORDON 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY ARYCAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) CLIY OR (If outside city fimits, write RURAL and give township TIMORE SP D. STREET ADDRESS (If turol, Ave location) MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED Ispecify tost birthdoy) MARRIED NEVER 10A. USUAL OCCUPATION (Give kind of work 10 8. KIND OF BUSINESS OR INDUSTRY 11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired CTIMORE NONE 13 EATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service SECURITY NO. NONE EUGLYN NANEU 300 GREENWAY 215-12-5675 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INVIES (This does not mean the made of dying, DUE TO heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the obave cause (A) stoling the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? IYes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH Inotify medical examined etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At [APPROX.] At Work Work 196 22. I certify that (1) (this hospital) attended the deceased from 6 that (i) (we) last saw the deceased alive on. ond that in (my) (and opinion death accurred on the date ond haur and from the couses stated above. (1) (We) (did) (did (at Apt) view the bady ofter deoth. 23A. SIGNATUR 23B. DATE SIGNED Attending Med. Stoff approval Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B, DATE 24D. LOCATION (City, town, or county) (Stote)

VS 150-REV. 1/4/65

1176

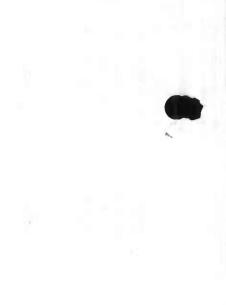
REMOVAL (Specify)

25A. DATE REC'D BY HEALTH

DUM

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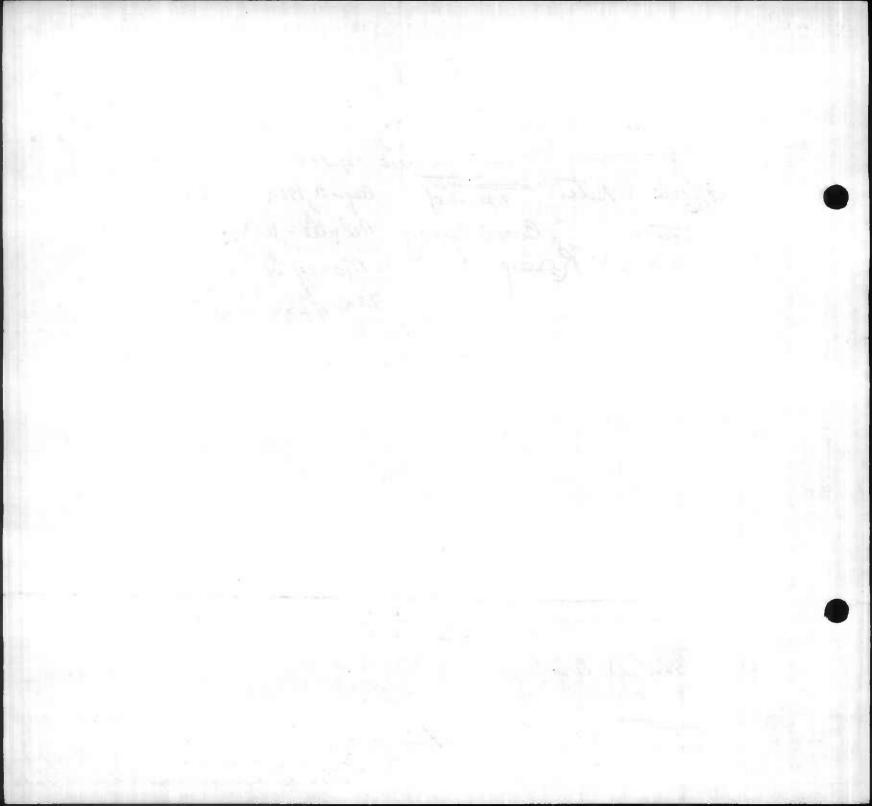
FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🕜 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

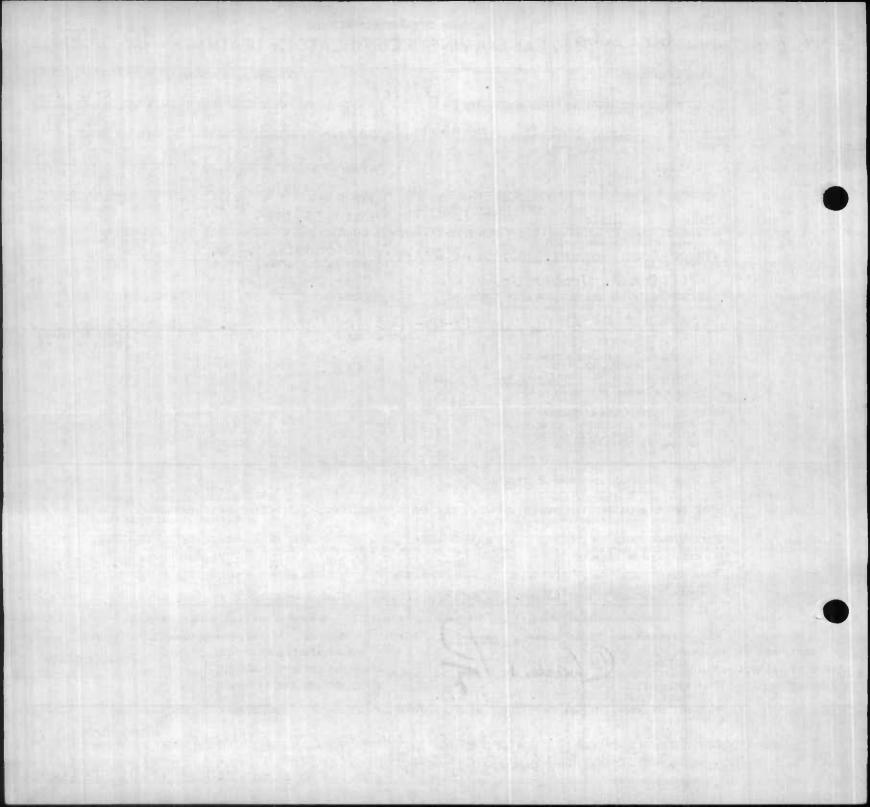
		BALTIMORE CITY	HEALTH DEPARTMENT		05	3000
	TH NO. 65 1362	CERTIFICA	TE OF DEATH	Registered No.	65	1362
1. N (Typ	AME OF DECEASED OF PRINTIPLE OF DEATH IN BALTIMORE, MARYLAND	nd Kerley	4. USUAL RESIDENCE (Where	HOUR OF DEATH 3, 1965 deceased lived. If in	stitution: residen	1:03 A, M.
11 1	FULL NAME OF (If not in hospital or institute oddress or location) NSTITUTION House In The	ion, giver street	Maryland	ide city limits, write	26 RURAL ond give	township)
10	5837 - Belain Road	Ballimore 21206		aspe a	ve	
5. 9	Marle White 7. MARI	MED, NEVER MARKED SWED, DIVORCED (specify) Married	B. DATE OF BIRTH Que - 2 1903	ost birthdoyl	If Under 1 Yr. Months; Doys	Hours Min.
	during most of working life, even if retired) Detective Bu	en's agency	ashvelle -, N.	2.	WHAT CO	SUNTRY?
13.	William & Rerley		Mancy Dol	enson,		
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of sary	1 6. SOCIAL SECURITY NO.	mrs trent	erly (wet	e-Bal	to 2/206
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, heart failure, asthenia, etc. II means the dise injury or complication which caused death.)		onchozemie Can	emoran		EVAL BETWEEN ET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stoling UNDERLYING CONDITION last.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	I AA A A A A A A A A A A A A A A A A A			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEAT	H?
CALC	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exo	ct location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		JRY OCCUR?		
	22. I certify that (I) (*his hospital) oftend that (I) (*we) lost saw the deceased alive and hour and from the couses stated above	on Falt	2 196 4 and the	of in (my) (com) opi	nion deoth oc	Curred an the dote
	23A. SIGNATURE Why D Drolley 23C. PHYSICIAN'S	Phy		Stoff Phys.	2/S	SNED/
	NAME (Type)	M.D.	سوار الاربيا			
25/	Burial Specify 2/6/65 & St. DATE REC'D BY HEALTH DEPT. 25B. NA	NAME OF CEMETERY OF CRI	Faith B	altimor	ty, lown, or cou	(Stote)
VS	FEB 8 1965 Q.C.	et E. Jankey M. W.	6306- Bela	w/Rd Bo	Elimo	12-21206 m



VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR

Sterling Funeral Estate
736 Edmordson Av. Catonsville



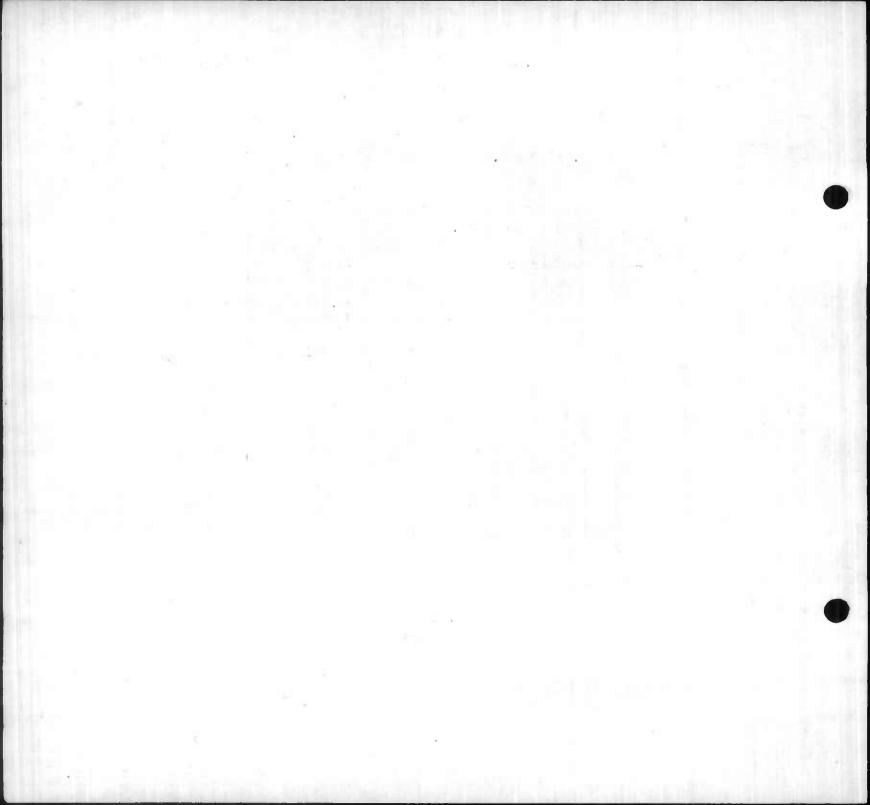
25A. DATE REC'D BY HEALTH DEPT. 1965

VS 150-REV. 1/1/65

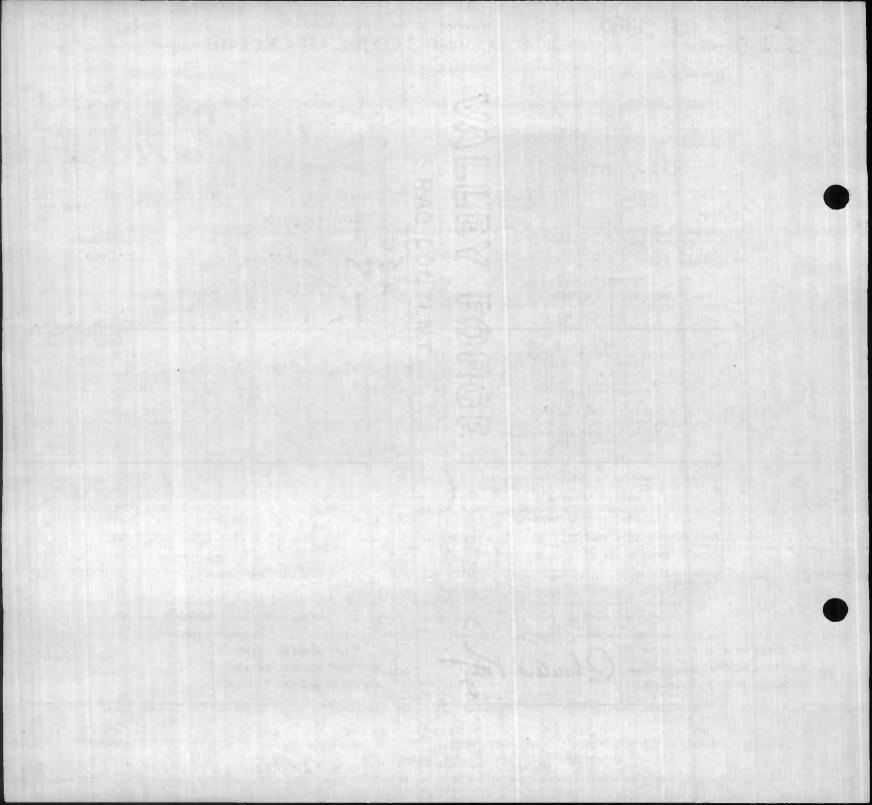
Robert E. Farkyth

	65	1364			TY HEALTH DEPA			65	1364
	CASE NO.	3,001		CERTIFIC	ATE OF D	EATH	Registered No		
1. NA	AME OF DECE		W. ROSEN	BERGER		2. DATE AND	2/3/65	1	8PM
	JLL NAME OF	TH IN BALTIMORE, MA		street	A, STATE	B. COUNT	deceosed lived. If in Y	Stitution: residence to	vefore odmi
HC	OSPITAL OR	oddress or location			C. CITY OR TO	TO.	ide city limits, write 1	RURAL ond give tow	(nship)
1		806 E. FO	RT AVE.		D. STREET ADD	6 E. FOR	orol, give location) RT AVE		
	M	6. RACE		DIVORCED (specify)	Sep 25,	1883	AGE (In years	If Under 1 Yr. Months Doys H	If Under 24 lours M
		PATION (Give kind of work corking life, even if relired) et. Checker	Longsh		Ohi		n country)	12. CITIZEN OF WHAT COUN	ITRY?
13. FA	ATHER'S NAM	Rosenb	erger		14. MOTHER'S	MAIDEN NAM	NE.		
		Ever in U. S. Armed For		SOCIAL	17. INFORMANT	r		ADDRES	S
(ies, n	No or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	Mrs. E	thel Ros	enberger	Same	е
11	1B. 420	2./1		CAUSE	OF DEATH				BETWEEN
		E OR CONDITION DI	RECTLY	C					ND DEAT
		LEADING TO DEATH	duine e -	(A) DUE TO	onary Occ	mution		Immedi	ate
i	injury or comp	plicotion which coused	deoth.)	пуре	rtension		7		
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO	heart di	sease	sclerotio	10 yea	
ri	DISEASES O		ony, giving	DUE TO	heart di	sease	scierotio	10 yea	
NOI	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE	R CONDITIONS, if obove couse (A) CONDITION lost. FIGANT CONDITIONS CEATH BUT NOT RELA	ony, giving sloting the CONTRIBUTING ATED TO THE	DUE TO	heart di	sease		10 yea	
ERTIFICATION	DISEASES O vise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (R CONDITIONS, if obove couse (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IOPERATION 198. CONWAS PER	ony, giving sloting the CONTRIBUTING ATED TO THE LT.	(C)CH OPERATION	heart di	Sease	208. IF YES, WERE	FINDINGS CONSIDE	ERED
L CERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. DATE OF 21 A. A CCIDEN OR CONTRIBU	R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING IOPERATION 1788. CON	contributing ated to the literature of the liter	(C)	Peart di	SPEASE SY? (Yes or No)	208. IF YES, WERE	TO yea	ERED
MEDICAL CERTIFICATION	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. DATE OF 21 A. A CCIDEN OR CONTRIBU	R CONDITIONS, if obove couse (A) CONDITION lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 179B. CONWAS PERITUWAS UNDERLYING CAUSE OF	SONTRIBUTING ATED TO THE IT. IDITION FOR WHI FORMED	(C) (C) (CH OPERATION ACE OF INJURY (e.g. form, foctory, street, JURY OCCURRED	20A. AUTOPS NO , in or obout 21C. W office bldg. INJURY	SPEASE SY? (Yes or No) WHERE DID Y OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in Boltimore	FINDINGS CONSIDE	ERED
MEDICAL CERTIFICATION	DISEASES O rise to the UN DERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. DATE OF 21 A. A CCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify	R CONDITIONS, if obove couse (A) CONDITION lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 179B. CONWAS PERITURAL TWAS UNDERLYING THAG CAUSE OF medicol exominer) (Month) (Doy) (Yeor)	cony, giving sloting the contribution for white formed contribution for the contribution f	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, at we will be a focus of the control of	20A. AUTOPS No in or about 21C. W office bldg. INJUR	SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore) RY OCCUR?	FINDINGS CONSIDER USES OF DEATH?	ERED cotion)
MEDICAL CERTIFICATION	DISEASES O rise to the UN DERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. DATE OF 21 A. A CCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify	R CONDITIONS, if obove couse (A) CONDITION lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 1798. CONWAS PERIT WAS UNDERLYING THIS CAUSE OF medicol exominer)	cony, giving sloting the contribution for white formed contribution for the contribution f	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, at we will be a focus of the control of	20A. AUTOPS No in or about 21C. W office bldg. INJUR	SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore) RY OCCUR?	FINDINGS CONSIDER USES OF DEATH?	ERED cotion)
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MEDICAL CERTIFICATION O O O O O O O O O O O O	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	R CONDITIONS, if obove couse (A) CONDITION lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) thot (I) (this hospitol lost sow the decease from the couses stored.	cony, giving stoling the CONTRIBUTING ATED TO THE IT. DITTION FOR WHI FORMED 218. PL. home, etc., (Hour) 21E. IN While Work (Hour) 21E. In work (Hour) (Hour)	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, was a work of the control of the contro	20A. AUTOPS NO in or about 21C. W office bldg. INJURY	SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJU	208. IF YES, WERE IN CERTIFYING CA (If in Boltimore) RY OCCUR? 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER USES OF DEATH? City, give exact to 3,1965 mion deoth occurr	ered on the
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DE DISEASE OF COMPANY OF CONTRIBUTION OF C	R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 198. CON WAS PER IT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this hospital lost sow the decease from the couses stored.	cony, giving sloting the contribution for while work. (Hour) 21E, IN While work.	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, Not W At Wo deceosed from e.g. p. 1, 1965 We) (did) (dtamet)	20A. AUTOPS No in or obout 21C. W office bldg. INJURY 21F. He hile the September 19 view the body of	SPEASE SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJL Ond tho ofter deoth.	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore) RY OCCUR?	FINDINGS CONSIDIUSES OF DEATH? City, give exoct lo	ered on the
MEDICAL CERTIFICATION	OTHER SIGNIF TO THE DE DISEASE OR (1914) A ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and	R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING I CONDITION CAUSE OF medicol exominer) (Month) (Doy) (Yeor) thot (I) (this hospitol lost sow the decease from the couses stored.	CONTRIBUTING ATED TO THE IT. IDITION FOR WHI FORMED 218. PL home, etc.) (Hour) 218. PL Work (Hour) 218. PL home, etc.)	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, Not W At Wo deceosed from e.g. p. 1, 1965 We) (did) (dtamet)	20A. AUTOPS No in or obout 21C. W office bldg. INJURY 21F. He hile the September 19 view the body of 23D. ADDRESS	SPEASE SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJU Ond the ofter death.	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore) (IF YES, WERE IN CERTIFYING CA (If in Boltimore) (IF YES, WERE IN CERTIFYING CA (IF in Boltimore) (IF YES, WERE IN CERTIFYING CA (IF in Boltimore) (IF in (IF YES, WERE IN CERTIFYING CA) (IF in Boltimore) (IF in Boltimore)	FINDINGS CONSIDER USES OF DEATH? City, give exact to 3,1965 mion deoth occurr	ered on the
WEDICAL CERTIFICATION AEDICAL CERTIFICATION 5.0 5.0 6.0 7.0 7.0 7.0 7.0 7.0 7.0 7	DISEASES O rise to the UN DERLYING OTHER SIGNIF TO THE DE DISEASE OR (1914) DISEASE OR (1914) DISEASE OR (1914) DISEASE OR (1915) DISEASE OR (1916) DISEASE OR (1916) DISEASE OR (1916) DISEASE OR (1917) DISEASE OR (1918) DISEASE OR	R CONDITIONS, if obove couse (A) obove couse (A) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 179B. CON WAS PER IT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) thot (I) (this hospitol lost sow the decease from the couses stored from the couse st	CONTRIBUTING ATED TO THE IDITION FOR WHI FORMED 21B. PL home, etc.) (Hour) 21E. IN While Work 1) ottended the code of the c	CH OPERATION ACE OF INJURY (e.g. form, foctory, street, Not W At Wo deceosed from Ce D. 1, 1965. We) (did) (different)	20A. AUTOPS No in or obout 21C. W office bldg. INJURY 21F. He hile September 19 view the body o	SY? (Yes or No) WHERE DID? OW DID INJU Ond tho ofter deoth. Med. Director 24D. LC	208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 9 53 to Feb. t in(my) (our) opi Phys. Ver Street	FINDINGS CONSIDER USES OF DEATH? City, give exact to 3,1965 mion deoth occurr	ered on the

25C. FUNERAL DIRECTOR ADDRESS
McCully Funeral Homa 130 E. Fort Ave.

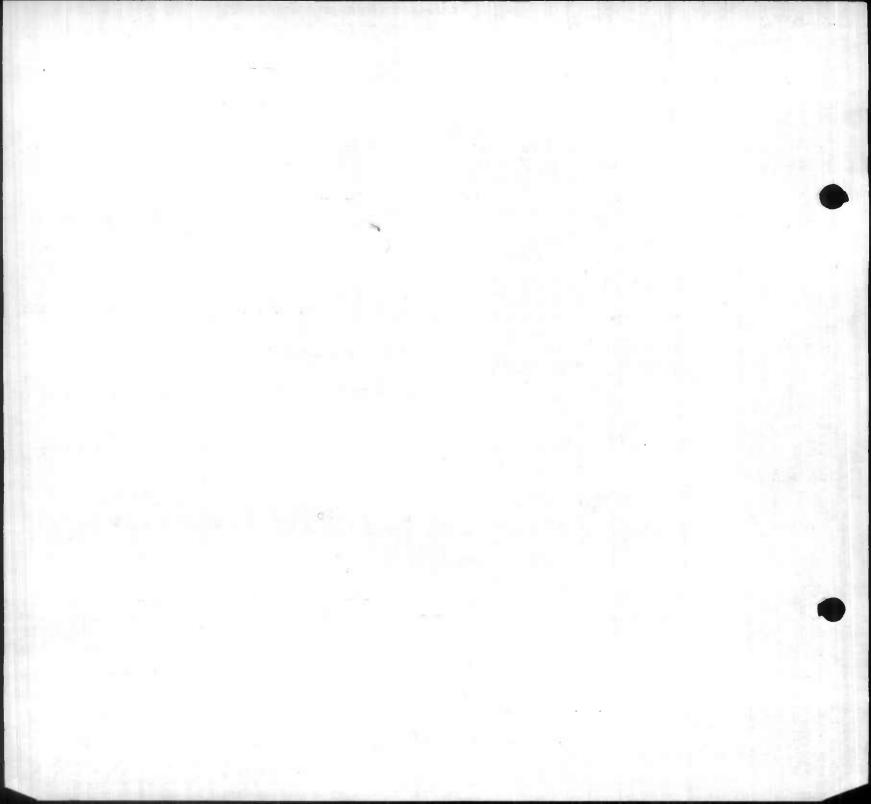


IRTH NO.	WEDI	CALEX	AMINER'S CI	ERTIFICA	E OF L	HAIH Registe	ered No	
M.E. CASE NO.						144 - 13 -		
. NAME OF DEC	ROBERT	r (C. LONG	3		ary 3, 1965		4:30 P. _M
. PLACE IN BALT	IMORE MARYLAND, WI	HERE PRONOL	INCED DEAD	A CTATE	ence (Where	deceosed lived. If inst B. COL	Intution: reside	ence before admission
OSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA		ITION, GIVE STREET		VN (If outside	corparate limits, write	RURAL	give township)
529 N	. Charles Sti	reet		D. STREET ADD	RESS (If rural,	give location) arles Street	-	
. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
		Marr	ied BUSINESS OR INDUSTRY	Aug. 9		44 n country)	12. CITIZEI	N OF
	working life, even if retired) chanic for E	rockwa	y Truck Co.	Carroll	Co.,	Maryland		S.A.
	Charles W. I	ong			le Taw			
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS 529 N	Charles S
yes	World War	II	218-09-3883	Mrs. I	illian	T. Long	Baltim	ore 1, Md.
DISEASES RISE TO TH UN DERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL	NY, GIVING ATING THE CONTRIBUTIN						
DISEASE OF	R CONDITION CAUSING OPERATION 19B, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FI		
UNDERLYING DEAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., farm, factory, street, a	in ar about 21C. V	VHERE DID	If in Boltimare City, g	ive exact loc	
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Year	v	VHILE AT NOT YORK AT W	WHILE	OW DID INJU	RY OCCUR?		
	tify that I held on Ir		Inspection Aut			s bosis, deoth in r Indetermined mann		
ACTUA		and le	M.D.	ASSISTANT M		AMINER X		DATE SIGNED 2/4/65
EXAMIN NAME (Type) Char	rles S.	Petty, M.D.	ASSOCIATE M	EDICAL EX	CAMINER		2/4/03
SA. BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY o		23 D. L		, town, or co	
burial	2/8/65		Leister's Ce	0		stminster B		Carroll, M
4A. DATE REC'D	EB 8 1965 (Poleub	E Farbey M.A	1	2-m	yers &	westy	unister n
151-REV. 1/1/	65					1		-



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

8:10 Petion: residence before odminate of the state of th
Under 1 Yr. If Under 24 Ponths Doys Hours M 2. CITIZEN OF WHAT COUNTRY? ADDRESS CO Avenue #21 INTERVAL BETWEEN ONSET AND DEATH
Under 1 Yr. If Under 24 Ponths Doys Hours M 2. CITIZEN OF WHAT COUNTRY? ADDRESS CO Avenue #21 INTERVAL BETWEEN ONSET AND DEATH
Under 1 Yr. If Under 24 Ponths Doys Hours M 2. CITIZEN OF WHAT COUNTRY? ADDRESS CO Avenue #21 INTERVAL BETWEEN ONSET AND DEATH
Under 1 Yr. If Under 24 onths Doys Hours M C. CITIZEN OF WHAT COUNTRY? ADDRESS ON AVENUE #21 INTERVAL BETWEEN ONSET AND DEATH
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L DATE SIGNED
2-2-65
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bwn, or countyl (Sto
ewn, or county) (Sto
y.



(If outside city limits, write RURAL and give township)

2. DATE AND HOUR OF DEATH

9. AGE (In years lost birthday)

RECORDS: B. C. H. 4940 Eastern Avenue

-2	21		A	M	1	
	a hospital and	cause of death	-	endance on the	to death. Such	

death occurred in ct or contributing Undetermined cause prior att made. regular deceased 2 disposition 2 SD the direct 4 death On kind final attendance any pronounced OL balmed of ar regula em who are physician remains Was physician Body the the 0 before 2 the where hospital ° and (6) Nobtained approved (except to the dny

MPORTAN

DIRECTOR:

FUNERAL

Wil	liam	Everett	
ALTIMORE,	MARYLA	ND	

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland

3. PLACE OF DEATH IN BA

(If not in hospital or institution, give street oddress or location) Baltimore City Hospitals

4940 Eastern Avenue Baltimore, Maryland

Baltimore
D. STREET ADDRESS (If turol, give location)

2305 Calverton Heights Avenue If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours

done during most of working life, even if retired)

Ander

6. RACE

WIDOWED, DIVORCED (specify) Married Sep Male Negro Married Sep 9-23-09

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or fareign country)

Construction

9-23-09

12. CITIZEN OF WHAT COUNTRY? U. S. A.

Laborer 13. FATHER'S NAME

M.E. CASE NO.

FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

(Type or Print)

7, MARRIED, NEVER MARRIED

North Carolina 14. MOTHERS MAIDEN NAME Lucy Cole

5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO. 17. INFORMANT

8. DATE OF BIRTH

ADDRESS

no

DISEASE OR CONDITION DIRECTLY

Everett

CAUSE OF DEATH (A) Pulmonary Embolism INTERVAL BETWEEN Immediately 8:05 a.m.

LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) UNDERLYING CONDITION lost

DUE TO

Diabetes Melitis and Gangrene of feet

H CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTDPSY? (Yes or No)

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF

Yes 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY

(Hous) 21E INJURY OCCURRED 21 F. HDW DID INJURY OCCUR?

(APPROX) 22. I certify that (I) (this hospital) ottended the deceased fram

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approval

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death) hospital

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Was

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accident

An

was released

the body

Not While While At Work At Work

19 64 and that in(my) (our) opinion death accurred on the date

and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.

etc.)

23A. SIGNATORE 23C. PHYSICIAN'S

that (I) (we) last saw the deceased alive an...

M.D Attending Phys.

Med. Stoff Phys. Director

23B. DATE SIGNED 2-4-65

NAME (Type

Dr. Richard Lane

4940 Eastern Avenue 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Feb. 9, 1965 Mt. Auburn

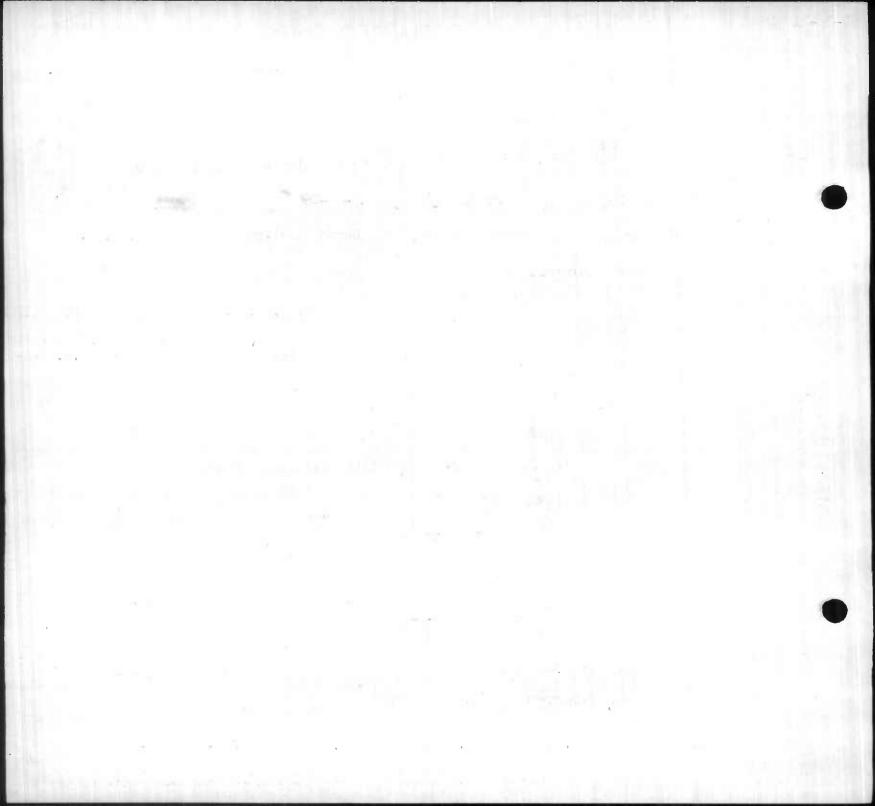
25C FUNERAL DIRECTOR

19 65

23D. ADDRESS

Md.

VS 150-REV. 1/1/65



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t be approved by the chief medical examiner or his assistant if death occurred in a hospite	ho	ant of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deced.	spital (except where the physician who pronounced death was in regular attendance on th	2) 7	ust be obtained before the remains are embalmed or final disposition is made.	
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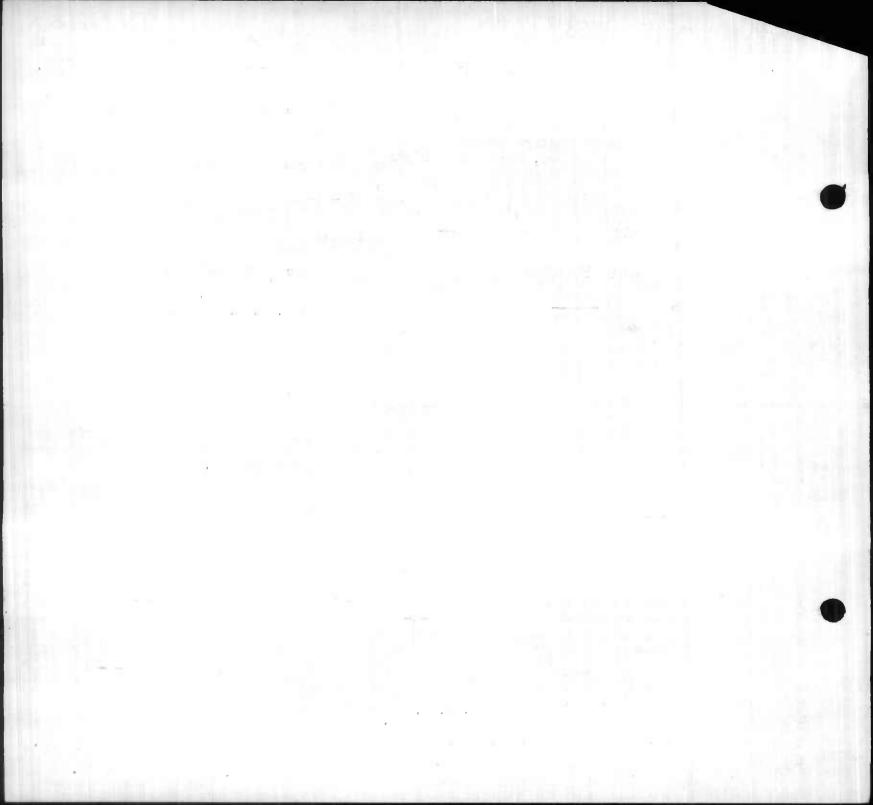
prior at

eceased

BALTIMORE CITY HEALTH DEPARTMENT Registered No. M.E CASE NO. 5 CERTIFICATE OF DEATH 2. DATE AND HOUR OF CEATH I. NAME OF DECEASED (Typo or Print) Frances Czekalski 9:00 A. M. 2-5-65 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission) B. COUNTY Maryland, Baltimore
CITY OR TOWN (If outside city limits, write FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddross or location) RURAL and give township Baltimore City Hospitals Rural 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) #21224 Baltimore, Maryland 201 North Point Road 9. AGE (In years If Under 24 Hrs. S. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Undo 1 Yr. If Und Months Ooys Hours 6. RACE lost birthday) WIDOWED, DIVORCED (specify) 10-15-81 Widowed Female White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife USA Poland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Walkowiak Josephine Palasko 15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wor or dotos of servico) 17. INFORMANT ADORESS 6. SOCIAL SECURITY NO. No RECORDS: B. C. H. 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED of Right Foot No

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE OID home, form, foctory, street, office bldg., INJURY OCCUR? 2-1-65 Gangrene 21 A. ACCIDENT WAS UNDERLYING (If in Boltimoro City, give exect tocotion) OR CONTRIBUTING CAUSE OF OEATH (notify modical exeminer) MEDI 21 D. TIME OF INJURY (Month) (Day) (Your) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR While At Not While (APPROX.) Work At Work 19 65 22. I certify that (I) (this hospital) attended the deceased from 19 65 ond that in (my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased olive on... ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B OATE SIGNED Attending Mod. 2-5-65 Phys. Oirector _ approval 23 C. PHYSICIAN 230. ADDRESS NAME (Type) 4940 Eastern Avenue Moore 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY . TCREMATORY (State) REMOVAL (Specify) Holy Cross Cemetery Md. Feb 9 German Hill Road

258. NAME OF REGISTRARDEN M.D. 25A. DATE REC'D BY HEALTH DEPT 2SC. FUNERAL DIRECTOR AOORESS The Dippel Bros. 1800 E Lombard St. VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

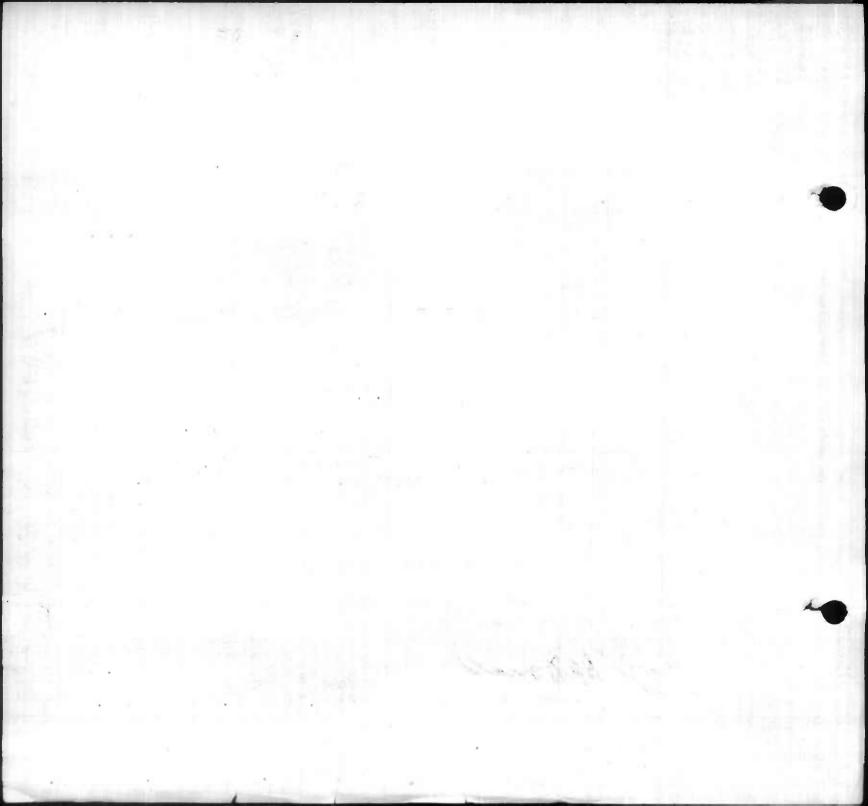
BALTIMORE CITY HEALTH DEPARTMENT		1200	100
CEDTIEICATE OF DEATH	Registered No.	60	-136

	и но. 65 1369	CERTIFICA	TE OF DEATH	Registered No.	65 1369
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Typ	pe or Print) LILLAN C. CIA	PK	2	4-1.5	1 11:15 0 00
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution; residence before odmission)
F	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If out		RURAL ond give township)
of	PLIFTCATE CODDECTED	2-11-65	2.		KORAL ond give township)
7	minorie connected	2011-05	1 /288	rurol, give location)	5= 17
5. S	EX 6. RACE TO MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	<u> </u>
F	EMALE COHURED WIDE	OWED, DIVORCED (specify)	10-23-05	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	home maker.	Hone	Vale pile - Grante la de a	-North Car	olina
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Pubper ATWA	T CL	Naomi	BROOKS	
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT MIR. ROBER	T L. MAI	NEM ADDREST TURNEY
			1 11 0 1 1 1 1 1		BANK BLDG.
	18. 4.30. / 1	CAUSE O		1717-7	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Acr	TE MYOCARDIAL	LANGER	
	LEADING TO DEATH (This does not mean the made of dying,	(A)	ie Hilockkolyc	INFARET	10/4
	hearl failure, asthenia, etc. It means the dise injury ar complication which caused death.)	2116		Valer	
	ANTECEDENT CAUSES	(B)	CVD	· ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	7 CAK 3
	DISEASES OR CONDITIONS, if any, gi	Ving DUE TO	Cin	An-	1/0101
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C) C(KK	HUSIS, CARDNIC	DEAIN	JEWE 7
	UNDERCTING CONDITION lost.	241	NORONE		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE RENAC	INSUFFICIE	ucy	YEARS
CERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S	(APPROX)	While At Not While At Work	e 🔲		
	22. I certify that (1) (this hospital) attend	1	EC. 6. 1	964 to FE	B 4 1965
	that (1) (we) last sow the deceased alive	on FEB. 4	19 65 and the	,	nion death accurred on the date
	and hour ond from the causes stated abov	e. (1) (We) (did) (dld not) v	iew the body after death.		
	23A. SIGNATURE	One M.D. Atte	ending Med.	Stoff	23 B. DATE SIGNED
	worked C. Delen	Phy	s. Director	Phys.	2-5-65
- 3	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1405P	
244		LIUN M.D.	MERCY		
24A	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	1 / L. 1 24D. L.	OCATION (CI	ty, town, or county) (State)
1	Juria 2/9/65	Dallynine	, Rall. S	attimo	re, ma.
25A	FEB 8 1965 Color	A E E STANDAN	25C FUNERAL DIRECTOR	evid H	ill are.
1/6	160 BEN 1/1/46				

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

65 1	370	BALTIMORE CITY	HEALTH DEPARTMENT		65 1320
M.E. CASE NO.	.070	CERTIFICA	TE OF DEATH	Registered No	. 10/6
1, NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	1
		INDHAM	2/	5/65	
. PLACE OF DEATH IN BAL	TIMORE, MARYLAND		A. STATE B. CO	here deceased lived. If UNTY	institution: residence before admiss
FULL NAME OF OF	ot in hospital or institu	tion, give street	MARYLAND		16-01
HOSPITAL OR odder	ess or location)				RURAL and give township)
	. 51	la et et	BALTIMORE D. STREET ADDRESS	(If rurol, give location)	
PROVIDENT H	OSPITAL		913 HARLE		
M. G. RACE	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) RRIED	1/5/15	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA, USUAL OCCUPATION (Gillone during most of working life,		D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	IVON III POINTOGY		SOUTH CARO	TTNIA	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N		
BEN WINDHA	TAT.		MATTIE WE	TTC	
5. Was Deceased Ever in U.		1 6. SOCIAL	17. INFORMANT	TITIO	ADDRESS
Yes, no or unknown) (If yes, giv	e wor or dotes of ser	SECURITY NO.		1070	
		246-10-8460		Windham 9	13 Harlem Ave.
18. 443 X		CAUSE	F DEATH	200	INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY			4	2 hrs
	LEADING TO DEATH (A) Cerebral accident This does not mean the made of dying, e.g., DUE TO				
heort lailure, asthenio, e	Ic. II means the dis				1.54
injury or complication w		н	.C.V		?
ANTECEDE	DUE TO				
DISEASES OR CONDITISE TO THE OBOVE UNDERLYING CONDIT	cause (A) sloling		esidual para	lysis,Rt.	4 yrs
OTHER SIGNIFICANT CO	T NOT RELATED TO	UIING	convulsion a ident Hospt		
DISEASE OF CONDITION 19A. DATE OF OPERATION NONE		FOR WHICH OPERATION		No) -20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UITOR CONTRIBUTING C. DEATH (notify medical ex	AUSE OF	21B. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	of obout 21C. WHERE DID	(If in Boltim	ore City, give exoct locotion)
_	(Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	le 🗀	NJURY OCCUR?	- 10
22. I certify that (1) (t	his hospital) atten		1960	19 to Fe	b I 1964
that (1) (we) last saw			6/1		pinian death accurred an the
23A. SIGNATURE	causes stated aba	ve. (i) (me) (did) (did nat)	view the bady after deaf	medical ex	aminer investi
Menne	46 80	M.D. AH	ending Med.	Stoff	Fe.8,1965
200 AUVESCO	MEN DN	Ph	s. Director	Phy s.	10.0,1903
NAM Type)	George M	c Donald M.D.	844 N.Care	y St.Balti	more, Md.
	4B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (City, town, or county) (Sto
Burial (Specily)	2/9/65	Mt. Auburn		Baltimore	1/10m-1-1
25A. DATE REC'D BY HEALT		ME OF REGISTRAL	25C. FUNERAL DIRECT		ADDRESS
FEB 8	A	BE. Jankey Mill			787 77 200
1-60	1000 11000	00 01 0000	OHAT 168 M	• UTC6 00]	W. Barre St.



		A COLOR D	BALTIMORE CITY	HEALTH DEPARTMENT	74.9	
1	MRTH NO. 65 M.E. CASE NO.	1371	CERTIFICA	TE OF DEATH	X Registered Na	65 1371
ш	1. NAME OF DECEA	Tohn Leo	Hausner	2. DATE	De 4 96	5 3,35 Am.
	3. PLACE OF DEATH	H IN BALTIMORE, MARYLAND		A. STATE B. COL	here deceased lived. If ins	ititution: residence below odmission)
1	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut address or location)	ion, give street	C. CITY OR TOWN (III	outside bity limits, write RI	URAL and give township)
	Union	Memorial	Hospital	D. STREET ADDRESS	If furol, give locotron?	Drive
	Male 6.	PALCOSIADIN	NED, NEVER MARRIED DWED, DIVORCED (specify)	2-12-188	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of work 10B, KIN rking life, even it retired)	OF BUSINESS OR INDUSTRY	May Va	reign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME			MOTHERS MAIDEN N	AME	
	15. Was Deceased En (Yes, no grunknown) (I	ver in U. S. Animed Forces? It yes, give wor or doles of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	DOVS	ADDRESS
	180	NONE	CAUSE OF	Wm C Haus	sker 22,	Ne Wood Drive
		OR CONDITION DIRECTLY EADING TO DEATH		to Pind	in tis	ONSET AND DEATH
	(This does nat	I mean the made at dying, sthenia, etc. It means the disc		at neu	NONTLY	Jacqs
	,.,	lication which caused death.) NTECEDENT CAUSES	(B) Ful	monary 5	inghysemo	10-15 XXS
	rise to the	CONDITIONS, if any, gi abave cause (A) stating CONDITION last.		eriosclevati	c Cardiova	scular Disease
	E TO THE DEA	CANT CONDITIONS CONTRIBE ATH BUT NOT RELATED TO ONDITION CAUSING IT.		Lmonal	e	
	19A. DATE OF C		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	U 21 A. A CCIDENT	WAS UNDERLYING DING CAUSE OF nedicol exominer	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, off etc.)	or obodi ZYC. WHERE DID	(If in Boltimore	City, give exact location)
	OF INJURY	Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID II	NJURY OCCUR?	1
		hat (I) (this hospital) attend		261/	19(15 to Fe	D 4 1965.
		ast saw the deceased alive fram the causes stated above				nian death occurred on the date
	23A. SIGNATURE	les T. Fle	etal et M.D. Atte	nding Med. Director	Stoff Phys.	Feb. 4 1965
	23C. PHYSICIAN NAME (Typ CHARLE	e)	M.D.	3D. ADDRESS	lemania 1	Hospital
	24A. BURIAL CREMA	ATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE		741-111	y, tolwn, or county) (Stote)
	BURIAL 25A. DATE REC'D B		- / - /	250 FUMERAL DIRECT		ADDRESS
	F	EB 8 1965 R.C.	ub E. Farleyma	John Bus	me some,	lowoon, Mil.

A STATE OF THE PARTY AND A SECOND PORT OF THE PARTY.

132413	BALTIMORE CITY	HEALTH DEPARTMENT		65 1372
BIRTH NO. 65 1372	CERTIFICAT	TE OF DEATH	Registered Na	1072
Type or Printle MR. FRANKLIN	25 GRA		HOUR OF DEATH	8.45 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If inst	tution: residence before admission)
FULL NAME OF (If not in hospitol or instituting HOSPITAL OR oddress or location)		MARYLAND C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give Township)
MEMARYLAND GEN	ERAL HOSATA	- LUIHERU	166	53-00
6		1521 PIC	oral, give location)	OAD
	HED, NEVER MARRIED	i	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
s M W	MAMAICA	7-14-10	54	
	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	ton Salt Co.	Pennsy luanu		USA
13. FATHERS NAME	LINE OF THE RESERVE OF THE PERSON OF THE PER	4. MOTHERS MAIDEN NAM	E	
Kobut R. LeGran		2ttie 1	lyers	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	7. INFORMANT Daughter		ADDRESS
18. 610X	CAUSE OF	DEATH		INTERVAL BETWEEN
DISCASE OF CONDITION DISCASIV	0	I M.	was to in	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, heart foilure, osthenio, etc. It means the dise injury or complication which coused death.)	(A) AS	reemca Stah	1. rugasur	2001
heart failure, asthenia, etc. It means the dise		1 1		Several weeks
E	allin	any tract of	Jucken.	at least.
	DUE TO	./ /		
DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stating		fection if of	Jupin -	John March
UNDERLYING CONDITION lost.	6	rubi prostate	eting	
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
U 21A. ACCIDENT WAS UNDERLYING	DPH.	les	(16 :- B-14: (
DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	ce bldg., INJURY OCCUR?	(If in Politimore (City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Work Not White			
22. I certify that (1) (this hospital) attende		1-17-65) ta	2-3 19 65
0		19 65 and tha	t in (my) (aur) apini	on death accurred an the date
23A. SIGNATURE	7 1. 1		[2	38. DATE SIGNED
Sown n.	M.D. Atten	ding Med.	itoff Phys.	2-3-65
23 C. PHYSICIAN'S		D. ADDRESS		
NAME (Type) JAMES N.	POWDER M.D.			
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or county) (State)
	MORELAND MEN	MORIAL PARK F	ARKVILLE.	MD.
BURIAL FEB. 6, 1945 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM FEB 8 1965 (7. O.)	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
FEB 8 1965 R.C.	BE. Farky M.D	John Kwin	Jours Jours	owson 4 hul.

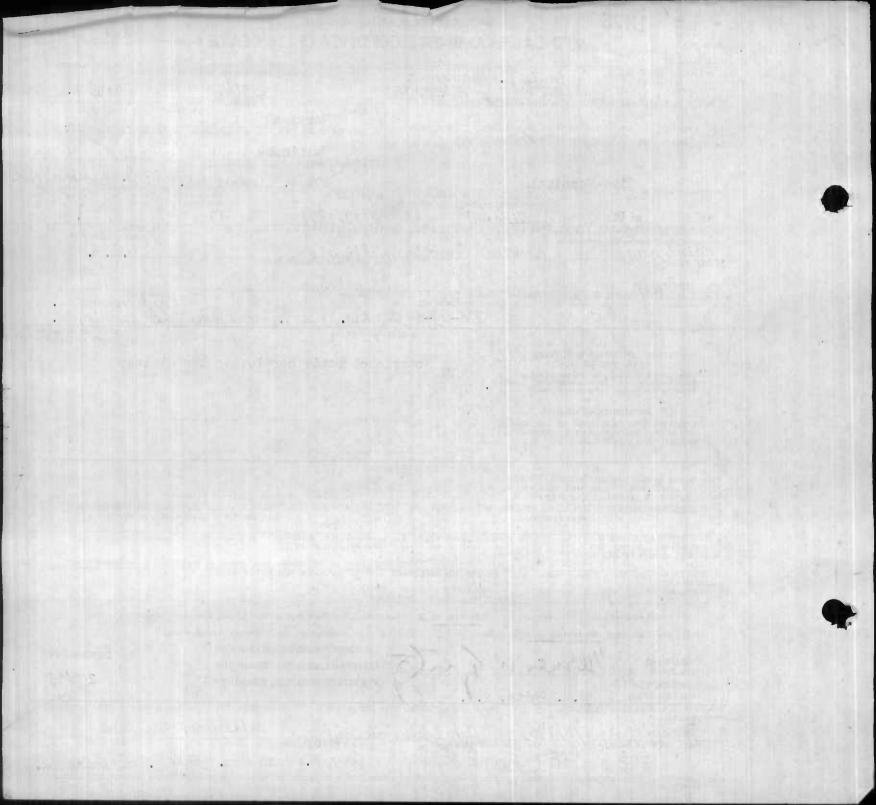
VS 150-REV. 1/1/65

appear a maybe Hickory the first water first has - Landy Janes CLAMES N FLENES

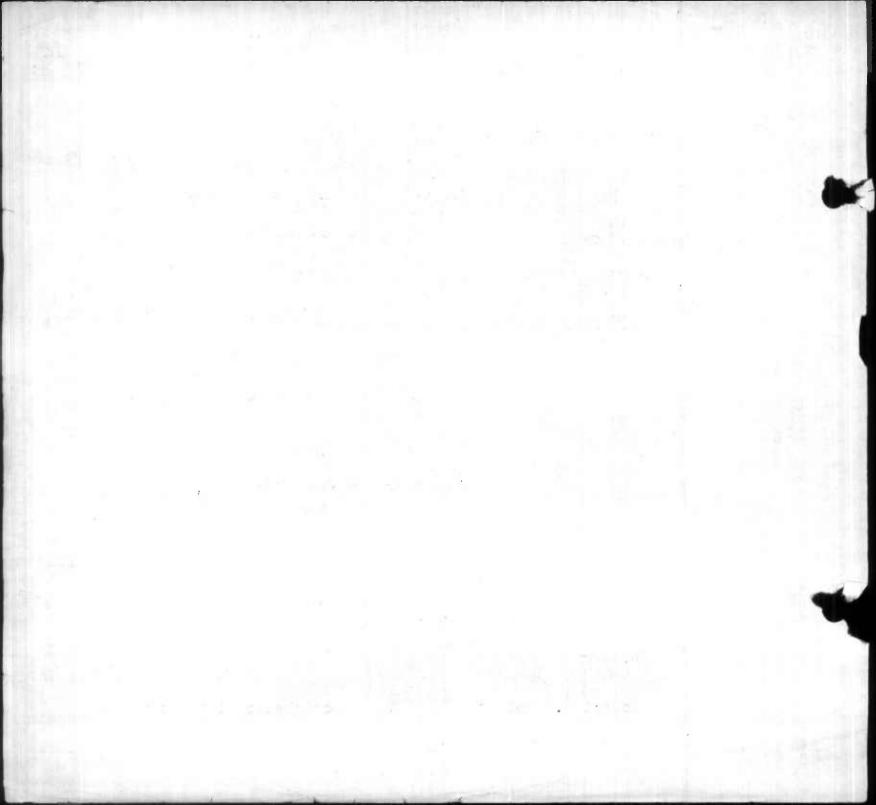
65 1373

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No
--	---------	------------	-------------	----	-------	---------------

M.E. CASE NO.								
1. NAME OF DEC	EASED LO	Neaubouer		2. DATE AND	HOUR PRONOUN	CED DEAD		
	LOU	MEAUBOUER		2	5/65	1:45 a. M.		
. PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If in B. CC	stitution: residence before admission)	
FULL NAME OF	HE NOT IN HOSPIT	AL OF INSTITU	JTION, GIVE STREET	Ma	aryland			
HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
NSHIUHON				Ba	altimore			
				D. STREET ADD	DRESS (If rural,	give lacation)	10 C C//	
	City Hospit	als		10	ol S. Li	nwood Ave.	19 S. Ellwood A	
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	unlosi de co	111 . 1	DIVORCED(specify)	2/22/20	0.1	last birthday)	Months Days Hours Min.	
male	white	Widol	F BUSINESS OR INDUSTR	2/12/10'	1State or breign	()	12. CITIZEN OF	
	varking lile, even if retired)			011	(Sidio of foreign	, country,	WHAT COUNTRY?	
Mainten		America	an Smelting	Illinoi	5		U.S.A.	
3. FATHER'S NAM	E		0	14. MOTHER'S A	AAIDEN NAME			
unknou	un			unknow	in.			
5. WAS DECEASE	D EVER IN U.S. ARM EI		16. SO CIAL SECURITY NO.	17. INFORMANT		7:	276 Kenwood Rd.	
	(If yes, give war or dat	23 Of Services	218 02 61/28	Ma . 51	1- 1 No.		Glen Burnie, Md.	
Yes	VVVV 1		210-07-0470		ul j. 1101	ULIKO WSKL	INTERVAL BETWEEN	
18.	2/1		CAUSI	E OF DEATH			ONSET AND DEATH	
DISEAS	E OR CONDITION D	RECTLY						
	LEADING TO DEATH		(A) Arter	iosclerot	ic cardi	ovascular	disease	
(This does not heart failure.	ot meon the mode of ostherio, etc. It meon	dying, e.g.,	DUE TO					
injury or cor	nplication which coused	deoth.)						
A	NTECENDENT CAUS	FC						
	OR CONDITIONS, IF		(B). DUE TO					
RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	551					
	IG CONDITION LAST.		(C)					
<u>ō</u>	II							
OTHER SIGH	VIFICANT CONDITIONS	CONTRIBUTI	NG					
TO THE	DEATH BUT NOT RE		THE					
OTHER SIGN TO THE DISEASE OF			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED	
Ö		RFORMED				IN CERTIFYING CA		
	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	no no no no	WHERE DID	If in Boltimore City	give exact (acation)	
O UNDERLYING	OR CONTRIB-	home	e, form, foctory, street,	office bldg. INJU	RY OCCUR?	in in bolimiole city,	give exoct tocononi	
	SE OF DEATH.	etc.)						
Z 21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE INJURY OCCURRED	21 F. H	HOW DID INJU	RY OCCUR?		
OF INJURY				WHILE				
			WORK AT V	VORK				
22.	ify that I held on	Inquiry	Inspection X Au	itopsy O	nd that on thi	s bosis, deoth In	my opinion	
ancul.	ted from: Natural co	Week X	Accident Sulcie	de Hamis	Ide 🗌 I	Indetermined mon	ner T	
10301	red Home Hardron Ed	0303 [23	, de la constant					
ACTUAL	1/1/12	0	17-	in,	MEDICAL EX		DATE SIGNED	
SIGNAT		er VI.	9 MCMC	ASSISTANT	MEDICAL EX	AMINER	212112	
EXAMIN	ER'S		1	ASSOCIATE	MEDICAL EX	AMINER	2/5/65	
NAME (Type) W.U.	Spitz.	M.D. (/					
23A, BURIAL CRE		23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (Ci	ty, town, or county) (State)	
REMOVAL (Specify Buria		1065	Oab 1 (Be	altimore,	Maryland.	
	BY HEALTH DEPT.		OF REGISTRAR	emetery.	RAL DIRECTOR		ADDRESS	
			8 C . FO. D. M.D			11-2 2001		
	FEB 8 1965	Ulake	a C' donna,	Pollie 1	1. HORan	inco juli	E. Baltimore St.	



4.004	BALTIMORE CITY	HEALTH DEPARTMENT		65	1374
BIRTH NO. 65 1374	CERTIFICA	TE OF DEATH	Registered No.		1077
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH		110
(Type or Print) Pari Francias			2/6/65		8 4 am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE & B. COUNT		titution: residenc	e belore odmission)
		A. STATE B. COUNT		Back	-
FULL NAME OF (If not in hospital or institution, g	ive street .	C. CITY OR TOWN (II outs	ide city limits, write RU	JRAL and give	township)
INSTITUTION	11/	Proliticismo	8	-5TR-5	0.0
Montepolo specie H	DED! JON	D. STREET ADDRESS (If re	urol, give location)	- 1	
1,217	J	3308 Gra	anvala !	Rd.	
	NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	Il Under 1 Yr.	If Under 24 Hrs.
F WIDOWED	DIVORCED (specily)	12/14/1886	ost birthdoy!	Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN O	F
done during most of working life even if refired)		Grarman	M A A	WHAT CO	P P
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM		U3	8 .
		2111	1141		
Isaac talk	1. (1-RheTTa	tranie		200
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDI	RESS
No 2	2-40-5889	Julius 1	evi 370	3 (ne	snucle of
18 31 VA 261V	CAUSE O	F DEATH			VAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1		ONSE	T AND DEATH
LEADING TO DEATH	(A) (B)	of restory as	resv		050000000000000000000000000000000000000
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	,			
injury or camplication which coused death,)	D.1.	1 1 - 1-		-	
ANTECEDENT CAUSES	DUE TO	serou (Sibili	21020100	Goc	,
DISEASES OR CONDITIONS, if any, giving					
rise to the above couse IA) stoling the UNDERLYING CONDITION last.	(C)	18-/			
81					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE	diahata	3 mallitus			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONS	SIDERED
WAS FERFORMED		No	IN CERTIFIING CAU	SES OF DEATH	
U 21A. ACCIDENT WAS UNDERLYING 21B.		fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoc	t location)
▼ DEATH (notify medical examiner) etc.)		ince sings, into our occor.			
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	le At Not Whil	e			
Wol				- 1 -	. , _
22. I certify that (I) (this hospital) attended the	ne deceased from	12/11/11	9 6 1 10	-/6	19 63
that (I) (we) lost sow the deceased alive on	2/6	19 6ond tho	t in (my) (our) opin	ion death acc	curred an the dot
and hour and from the causes stated above. (I) (fid) (did not) v	riew the body ofter deoth.			
23A. SIGNATURE	0			23B. DATE SIGI	NED /
(Colver (a) Irolan	M.D. Alle		Stall Phys.	2/	6/65
23C. PHYSICIAN'S		23D. ADDRESS			-1
Robert W Trelan	M.D.	Montahall	o State II	nand tal	
Robert W. Irelan 24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CRI		o State Ho	y, town, or coun	nty) (Stote)
REMOVAL (Specily)	The state of the s	270, 60	(Olly	,, 01 60011	(31018)
BURIAL 2-7.65 CHE	YIZA AHAVITS	CHESED BA	MOALLSto	WYI	Md
2SA, DATE REC'D BY HEALTH DEPT. 2SB, NAME C	CA TO DUMA	25C. FUNERAL DIRECTOR		Al	DURESS
LD 0 1303 (60 a)	G. Manager and	Hach A.	eurs Du	- 2100	OENTON Pl
VS 150-REV. 1/1/65					



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and-the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

	65	-02495		BALTIMORE CITY	HEALTH DEPARTMENT		65	1375	4
	TH NO.	65	1000	CERTIFICA	TE OF DEATH	Registered No	00	1070	
1.N	L CASE NO.		10/)	2. DATE AND	HOUR OF DEATH			-, -
{Ту	pe or Print) B	ABY BOY	G	IVENS	2/	1/65		25	A.M.
3. 1	PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where		titution: resi	dence belore odn	nission)
	FULL NAME O	F (If not in hospital	or institutio	n, give street	md. UNIVER	251TK HO	9501	TAL	
	HOSPITAL OR	oddress or location	on)	n, give energy	110.1	ide city limits, write RI	JRAL ond g	ive township)	
>		SITE HOS	SOITA	1.	Baltino	ore	2	2-03	
1	UNIVER	25117 11-			D. STREET ADDRESS (If it	urol, give location)	44 -		
					6/2 Hoy	ser 5+	3	0	
5. 5		6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Months: D	Yr. If Under	24 Hrs. Min,
	m	1		VEVER MADRIED OF BUSINESS OR INDUSTRY	1/31/65			13	9
		UPATION (Give kind of wo working life, even il retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	n country)	12. CITIZEN	OF COUNTRY?	
0011	e during most of	working me, even it remed)			MARYCAN	10	W		
13.	FATHER'S NA	ME			MARYCAN 14. MOTHER'S MAIDEN NAM	\E			
	10	ROINAL	GIVE	E N5	DeasTHA	4 ROBIN.	50 N		
15.	Wos Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT			DDRESS	
(Ye	s, no or unknown	(If yes, give wor or do	les of servic	SECURITY NO.	UNIVERSITE	141001	TAL		
_	1B. H.	/		CAUSE O		110341		TERVAL BETWEE	EN
	///	SE OR CONDITION D	BECTLY	CAUSE O	DEATH			SET AND DEA	
	DISEA	LEADING TO DEATH		(8)	IMMATUR	ITY	12	hrs 9	2012
		nat mean the made a			1 11 11 11 11 11 11 11 11			11.9	///
	heart failure, asthema, etc. 11 means the disease, injury ar complication which caused death.)								
		ANTECEDENT CAUSE	S	(B)	*************************				
	DISEASES C	OR CONDITIONS, if	any, givi						
		e abave cause (A) G CONDITION last.	slating	he (C)					
		44							
Z		IFICANT CONDITIONS							
ATION		EATH BUT NOT REL		THE					
ERTIFIC	19A. DATE OF	OPERATION 198, CO	NDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS O	ONSIDERED	
ERT	0				No				
U	OR CONTRIBL	NT WAS UNDERLYING	_	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give	exoct locotion)	
CAL	DEATH (notify	medical examiner		etc.)					
ED	21 D. TIME OF INJURY	(Month) (Doy) (Year	(Hour)	TE INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
2	(APPROX.)			While At Not Whill At Work					
	22. I certify	that (1) (this hospita	ol) ottende	d the deceased from	1/3/ 1	9 65 10	211	19	65
					1 19 6 5 ond the				
					iew the body ofter death.				
	23A. SIGNATU	JRE	,				238. DATE	SIGNED	
		as	Deix	Der M.D. Atte	ending Med. Director	Stoff Phy s.	2/	1/65	
	23 C. PHYSICIA	7			23D. ADDRESS	rilys.		-	
	NAME (T	ype A.A.B.	ne isi	15/er M.D.	UNIVER	25174 1	1405F	MATH	
24/	A. BURIAL CRE	MATION. 24	196	NAME OF CEMETRY OF CR	MATORY BOARDAD	CAMION	lown, per	county) (Stote)
	REMOVAL (Specify)	U Par	FITHTO	THE ENDOYSE			00011177	
26.1	DATE BECO	BY MEALTIN DEBT	100 110	INIVE	RSITY MEDICA	L SCHOOL		ADDRESS	
25/	EB 8	1965 1	E. 1	E OF REGITRAL	MODTIA	DV CENTER	717	ADDRESS	
1	160 8514 3724	18	1		MUNIUAI	NI SEKY	1	RCHU	
^2	150-REV. 1/1/	00							



OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE Pulmonary emphysema

DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTI

Autapsy X

ACTUAL
SIGNATURE

ACTUAL
SIGNATURE

ACSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Inspection

Jan. 16, 1965

DATE SIGNED

(State)

and that an this basis, death in my apinlan

NAME (Type) John E. Adams, M.D.

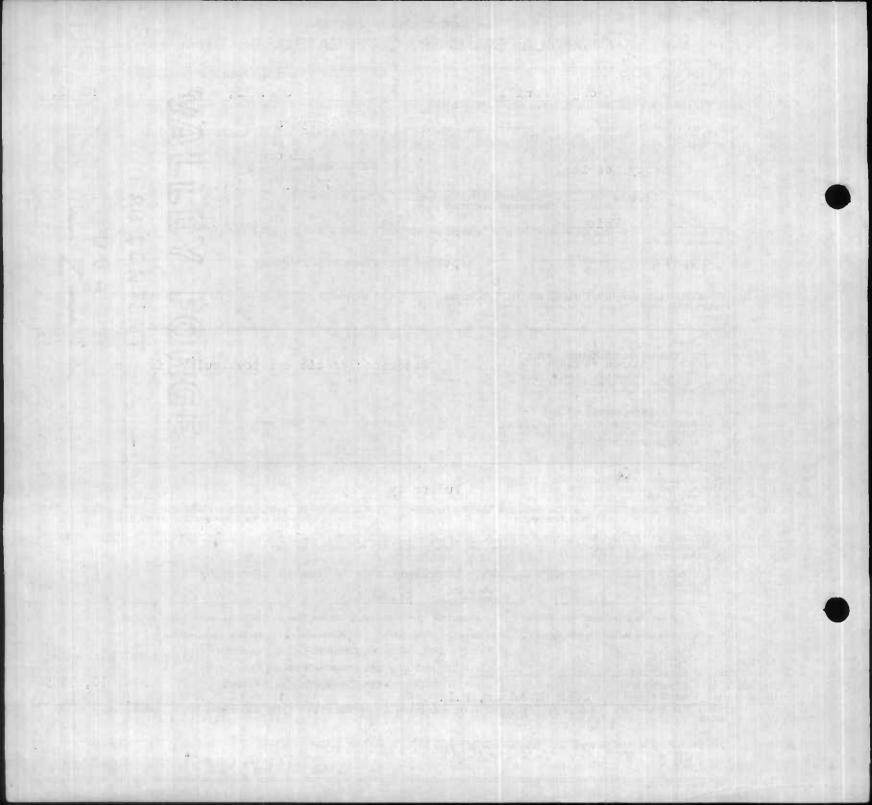
23A. BURIAL CREMATION, 23 A 28 98 33C. NAME of CEMPTERY OF CHIMATORY BOARD. LOCATION A CITY. IAM OF COUNTY)

REMOVAL (Specify)

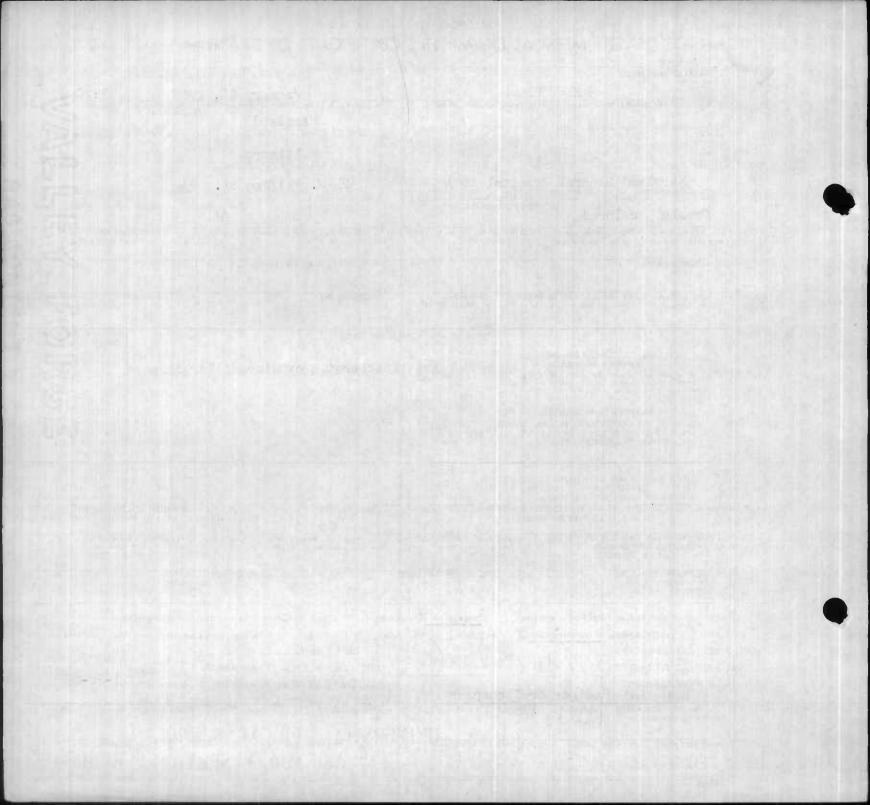
FEB 8 1965 Poles E. School MORTUARY SERVICE BCHI

VS 151-REV. 1/1/65

I certify that I held an Inquiry

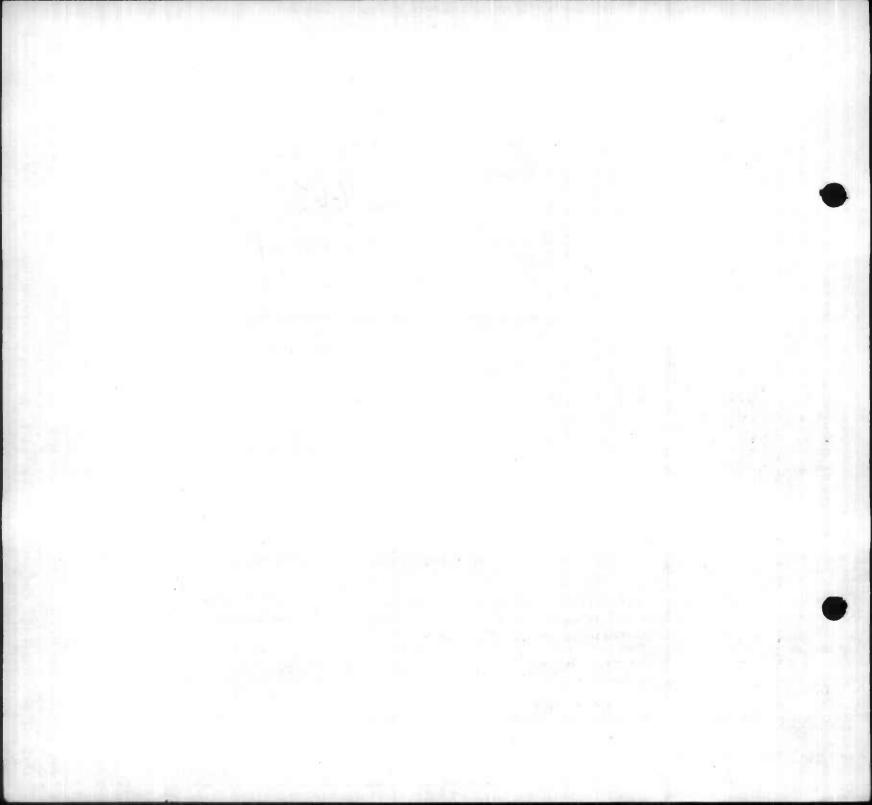


VS 151-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

				BALTIMORE CITY	HEALTH DEPARTMENT	6	5 1378
	TH NO. E. CASE NO.	65 13'	78	CERTIFICA	TE OF DEATH	Registered Na.	0 1010
1,1	NAME OF DEC	George Teased	De E	- terr		AND HOUR OF DEATH	17:40 AN
3.	PLACE OF DEA	TH IN BALTIMORE,	RYLAND	/	4. USUAL RESIDENCE (V	here deceased lived, If ins	titution: residence before admission)
	FULL NAME O HOSPITAL OR	F (If not in hospital oddress or locatio	or institution, g	give street	Med. B. co	12	-03
1				1-1	1 11	outside city limits, write RI	JRAL and give township)
	Unio	evsity 1	705 pi	701	/	(If surol, give location)	
						lius St.	
	M	6. RACE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	Unfrere	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		JPATION (Give kind of wor working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	AE	1		14. MOTHER'S MAIDEN N	IAME	
(unki	win			unku	zen	
5. Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	18.	SZ I		CAUSE O	F DEATH		INTERVAL BETWEEN
	The second second	E OR CONDITION DI	RECTLY			11.	ONSET AND DEATH
		LEADING TO DEATH		IA) In	trucerebri	al Hemorra	90
		at meon the made of asthenia, etc. It means		DUE TO	*** *** *** *** **********************	***************************************	f
		plication which coused					
	1	ANTECEDENT CAUSES		(B)	**************************************	######################################	0000
			CONDITIONS, if any, giving				
		CONDITION lost.	stoling the	(C)	**************************************	8 8 8 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	************************************
		11					
ATION	TO THE DI	FICANT CONDITIONS (ATED TO THE				1239-239
	19A. DATE OF	OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES WERE EL	NDINGS CONSIDERED
ERTIFIC	0	WAS PER	FORMED		NO	No) 208, IF YES, WERE FI	SES OF DEATH?
CAL CI	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hometc.)	e, form, foctory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDIO	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
Σ	(APPROX.)		Whi	le At Not While At Work	e		
	22. L certify	that (1) (this hospita			1-22	19 G.S. to	7-24 1965
		last saw the decease		T 2			
				W. VIII	ona dia	that in (my) (aur) apini	an death accurred an the date
	23A. SIGNATU	- La	red appve.	(we) ((did) (did nat) v	lew the bady after deat		DATE CICHED
	1	Vodrica \	la	M.D. Atte	ending Med.	Stoff N	23B. DATE SIGNED
		1		Phy	s. Director	Phys.	I-24-65
	NAME (T)	ype)	mo.	M.D.	23D. ADDRESS		
24#	A. BURIAL CREA	Rodrigo To	24C, NA	ME of CEMETERY OF CA	MATORY 11 V 1240	ACCATION TENCH	stown of county (State)
	REMOVAL (S	FEB 5	1965		MAROINI DO	TAND TO THE PROPERTY OF THE PARTY OF THE PAR	TENTON TOTAL
25/	DATE REC'D	BY HEALTH DEPT.	25P NAME O	P) REGISTRAR	N 29C JUNERAL DIRECT	MEDICAL SO	HOOLADDRESS
	FEB 8	1965 Robert	E. Jan	Leey M. A	MORTUA	RY SERVICE	BCHB
/\$	150-REV. 1/1/6	5		11 11 41 4		,	E) O AATO



M-263

1	NO. CASE NO.	D TW	EDICAL E	XAMINER'S C	ERTIFICATE (OF DEATH	Registered No	
	ME OF DECI	ASED			2. DA	TE AND HOUR PRO	NOUNCED DEAD)
Туре	or Print)		EN T. McH	PDV				
. PLA	CE IN BALTI		ID, WHERE PRONC		IIA. STATE		ed. If institution: res B. COUNTY	19:00 p M. sidence before admission
ULL	NAME OF	(IF NOT IN H	OSPITAL OR INSTITUTE	TUTION, GIVE STREET	C. CITY OR TOWN (IF	Maria de la companya del companya de la companya de la companya del companya de la companya de l	nits, write RURAL	and give tawnship)
NSTIT	UTION				Balti	29		18-04
					D. STREET ADDRESS (If rurol, give lacotion		
	St.	Agnes Hos	pital		102 N. A	thol Avenu	е	
. SEX	6	. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years If Unde	er 1 Yr. If Under 24 Hrs.
fer	male	white	Singl	DIVORCED(specify)	Dec. 21,18	90 T4	uy) /vionms	Doys Hours Min.
OA. U	SUAL OCCUI	PATION (Give kind arking life, even if re	of work 108. KIND (OF BUSINESS OR INDUSTRY	Balto Md	r foreign country)	WHA	ZEN OF AT COUNTRY?
	THER'S NAME				14 AAOTHERIC AAAIDEN	-NIAAAE	USA	
3. FA		is J.Mc	Hardy		Pella, Rich	n AME		
		EVER IN U.S. A		16. SO CIAL	17. INFORMANT		ADDRES	
163, 111	o or onknown),	it yes, give wor	or dates of service)	212 03 7078	Miss Mary	McHardy,	102 N.	Athol Ave
1B.	400			CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEASI	OR CONDITION	AL DIRECTLY					ONSET AND DEATH
		LEADING TO D	EATH	Arterio	osclerotic ca	rdi evascul	ar dispose	
	(This does no heart failure, injury or com	at meon the mo asthenia, etc. It plication which co	de of dying, e.g. meons the disease jused death.)	DUE TO		202010001	A. MANNAGE	
9		TECENDENT C						
	DISEASES O	R CONDITIONS	, IF ANY, GIVING	(B) DUE TO	***************************************			•••••••••••
_	UNDERLYING	G CONDITION I	LAST.	(6)				
5				(0)	***************************************			***************************************
FICAT	TO THE D	II IFICANT CONDIT DEATH BUT NO CONDITION CA	TONS CONTRIBUT	ING THE				
19.		OPERATION 198		WHICH OPERATION	20A. AUTOPSY? (Yes	ar No) 20B. IF YES,	WERE FINDINGS OF	CONSIDERED
١ (PURPONIAL				No			
10 0	NDERLYING DE	CAUSE WAS OR CONTRIB- E OF DEATH.	21 B ham etc.	PLACE OF INJURY (e.g., e., form, factory, street, o	ffice bldg., INJURY OCC	DID (If in Baltimare UR?	City, give exact I	lacation)
21	DTIME	(Month) (Day)	(Year) (Hour)	21E. INJURY OCCURRED	21F, HOW DI	D INJURY OCCUR?		
	PPROX.)		m.	WHILE AT NOT WORK AT W	WHILE			
22		fy that I held a	n Inquiry	Inspection X Aut	opsy ond that	on this bosis, de	oth in my opinic	on.
		ed from: Natur		Accident Spicide		Undetermine		
	ACTUAL	1 A	Last.	> ()		L EXAMINER		DATE SIGNED
	SIGNATU	11 - 1	Juste	M.D.	ASSISTANT MEDICA	_		2-3-65
	NAME (T	ype)Rudiger	Breitene					
	VAL (Specify)	ATION, 23B, DA	6/65 N	ew Cathedral	CREMATORY	Battillore	May, tawn, ar	caunty) (State)

FEB 8 1965 Robert 248, NAME OF REGISTRAR

Witzke F.D. 4101 Edmondson ADDRESS

Tati banka Marra W. atil , District to the second AND FAMILY OF THE PARTIES AND THE PARTY OF THE CATEMIT ON FEED ALLES avid miss of the Holder L. Harris

IMPORTANT FUNERAL DIRECTOR:

or contributing cause (4) Undetermined cause; attend 0 prior regular deceased isposition is death 2 Was the the direct assistant death no T final attendance any pronounced OF his embalmed fracture of GF the chief medical examiner regul who Gre 4 3 = physician the remains Was (2) Body burns; physician the 0 before (except where the body was released to the hospital °Z any nature; obtained 9 approved and shows: (1) An accident of hospital eath) must must Ō 10 approval 8 prior at was D.O.A. deceased p

(5) Deceased

on the

death.

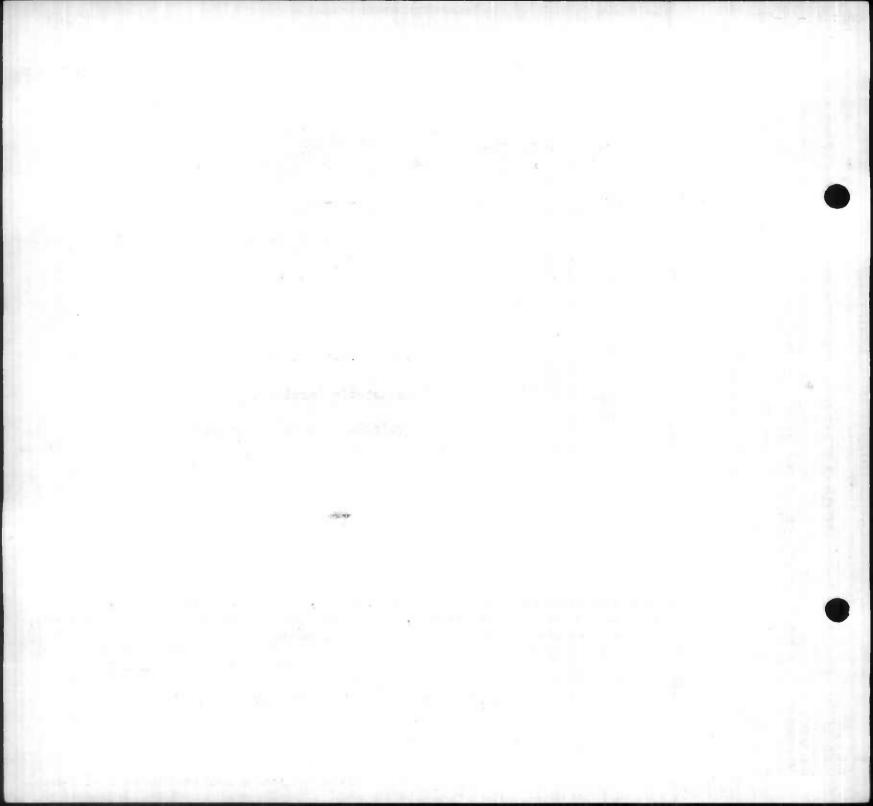
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spital and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Edith Randolf
3. PLACE OF DEATH IN BALTIMORE MARYLAND February 6. 1965 10:00 ICE (Where deceased B. COUNTY institution: residence Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Baltimore City Hospitals Raltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21224 2030 Calvert Street 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours Min. If Under 1 Yr. Hours WIDOWED, DIVORCED (specify) Months Doys lost birthdoy Female Negro Female Negro Separated

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania USA 13. FATHERS NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown)(Iff yes, give wor or dotes of service) SECURITY NO RECORDS: BCH 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thrombocytopenia (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Metastatic Carcinoma ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (c) Probable Cerebral Hemorrhage UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC/ (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 19 65 to February 6. 22. I certify that (I) (this hospital) attended the deceased fram January 23. 19.65 and that in(my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an February 6. and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 238 DATE SIGNED Attending Phys. Med. Director M.D. Stoff K 2-6-65 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Robert Cooke 4940 Eastern Avenue 21224 M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV, 1/1/65



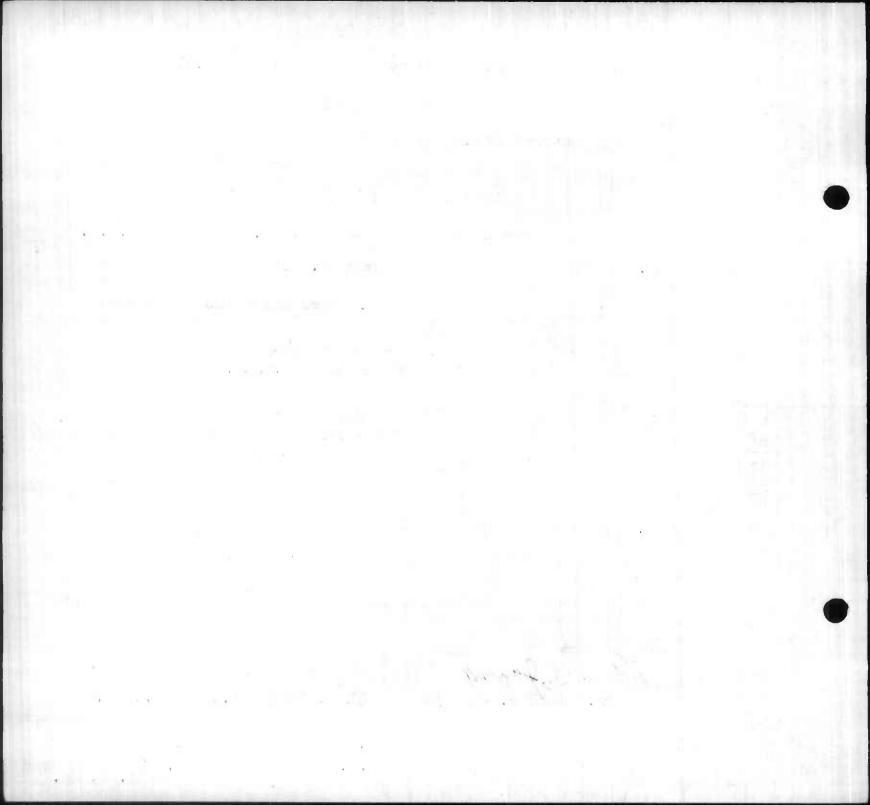
For approval.

	C	5 1381	BALTIMORE	CITY HEALTH DEPA		65 1381	
BIRT	тн но.	3 1007	CERTIFI	CATE OF D	EATH Registered No	. 00 1001	
	CASE NO.	ACCE		0, 1, 1, 0, 0, 0,			
	IAME OF DECI		Watana Wilham	~ ~	February 6, 1		
0 8		TH IN BALTIMORE MA	Waters Milbour				
3. P	PLACE OF DEA	IH IN BALIMORE, MA	KILAND	A. STATE	DENCE (Where deceased lived. ff B. COUNTY	7 7	
	FULL NAME O		ar institution, give street	Maryla	nd	41-19	
HOSPITAL OR address ar location)				C. CITY OR TO	C. CITY OR TOWN (If autside city limits, write RURAL and give township)		
1		602 Samas	ngot Pond	Baltim			
3	603 Somerset Road		D. STREET ADD				
				003 50	merset Road		
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	8. DATE OF BIRT	P. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Manths Doys Haurs M	
	F	W	Widowed	2/8/187	3 91	1	
			108, KIND OF BUSINESS OR IND		(State or foreign country)	12. CITIZEN OF	
dane		vorking life, even it retired)	Own Home	Kingsto	n Ma	U.S.A.	
13. 1	Housew		OMIT LOHE	14. MOTHER'S A		0.0.1	
	-	. Waters			Ackworth		
15, \ {Yes	Was Deceased s, no or unknown	Ever in U. S. Armed Far	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No		Ö	L.Water	s Milbourne	(Same)	
	18. // つ	1 1 spl 1"		ISE OF DEATH		INTERVAL BETWEEN	
	day and	011 11	14 X 20 10				
	DISEAS	E OR CONDITION DI	RECTLY			ONSET AND DEATH	
		E OR CONDITION DI	RECTLY	Myocardial	infarction	Sudden	
	(This does n	LEADING TO DEATH at mean the made of	RECTLY	Myocardial OGeneralized	infarction A.S.C.V.D.	Sudden	
	(This does n	LEADING TO DEATH	dying, e.g., the disease, death, death,	Myocardial Generalized	infarction A.S.C.V.D.		
	(This does n heart failure, injury ar cam	LEADING TO DEATH at mean the made of asthenia, etc. If means	dying, e.g., the disease, death.)	°Generalized	infarction A.S.C.V.D.	Sudden	
	(This does n heart failure, injury ar cam	LEADING TO DEATH at mean the made of asthenia, etc. If means optication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	°Generalized	A.S.C.V.D.	Sudden ? years	
	(This does n heart failure, injury ar cam DISEASES Orise fo the	LEADING TO DEATH at mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	dying, e.g., the disease, death.)	Generalized Anterior-la	A.S.C.V.D.	Sudden ? years July 1960.	
	(This does n heart failure, injury ar cam DISEASES Orise fo the	LEADING TO DEATH at mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the disease, death.)	Generalized Anterior-la	A.S.C.V.D.	Sudden ? years July 1960.	
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NOI	(This does not heart failure, injury or community or comm	LEADING TO DEATH of mean the made of asthenia, etc. If means optication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) B CONDITION last.	dying, e.g., the disease, death.) any, giving stafing the CONTRIBUTING	Generalized Anterior-la	A.S.C.V.D.	Sudden ? years July 1960.	
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ATIO	(This does not heart failure, injury or community or community of the comm	LEADING TO DEATH at mean the made of asthenia, etc. If means application which caused antecedent Causes or Conditions, if a above cause (A) b CONDITION last. If ficant conditions CONDITION CAUSING	dying, e.g., the disease, death.) any, giving slafing the CONTRIBUTING ATED TO THE GT. ADITION FOR WHICH OPERATION	Odeneralized Anterior-la Adenocarcin	A.S.C.V.D. teral coronary oma of uterus	Sudden ? years July 1960.	
ERTIFICATIO	(This does in heart failure, injury or com DISEASES Crise for the UN DERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	LEADING TO DEATH of mean the made of asthenia, etc. If means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) B CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING OPERATION 19B. CON WAS PER	dying, e.g., the disease, death.) any, giving stating the CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	Anterior-la Adenocarcin	teral coronary oma of uterus (Y? (Yes or No) 208, IF YES, WER IN CERTIFYING C	Sudden ? years July 1960. December 196 E FINDINGS CONSIDERED CAUSES OF DEATH?	
CERTIFICATIO	OTHER SIGNI TO THE D DISEASE OR OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBU	LEADING TO DEATH of mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CONDITION CAUSING CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING TING CAUSE OF	dying, e.g., the disease, death.) any, giving slafing the LESSE ATTENDED TO THE HT. 218. PLACE OF INJURY hame, form, loctory, str	Anterior-la Adenocarcin	A.S.C.V.D. teral coronary oma of uterus (Y? (Yes or No) 208, IF YES, WERE PID (If in Boltim	Sudden ? years July 1960. December 196	
ERTIFICATIO	OTHER SIGNI TO THE D DISEASE OR OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBU	LEADING TO DEATH at mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS CONDITION CAUSING CONDITION CAUSING OPERATION 19B. CON WAS PER	dying, e.g., the disease, death.) any, giving slafing the CONTRIBUTING ATED TO THE HILLIAN FORMED	Anterior-la Adenocarcin	A.S.C.V.D. teral coronary oma of uterus (Y? (Yes or No) 208, IF YES, WERE PID (If in Boltim	Sudden ? years July 1960. December 196 E FINDINGS CONSIDERED CAUSES OF DEATH?	
ICAL CERTIFICATIO	(This does in heart failure, injury ar cam DISEASES Crise for the UN DERLYIN CONTRES OR 19A. DATE OF OR CONTRIBUTE OR CONTRIBUT	LEADING TO DEATH of mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CONDITION CAUSING CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING TING CAUSE OF	dying, e.g., the disease, death.) any, giving slafing the CONTRIBUTING ATED TO THE HITTON FOR WHICH OPERATION FORMED 218. PLACE OF INJURY hame, farm, loctory, str	Anterior-la Adenocarcin 20A. AUTOPS (e.g., in or obout 21C. Weet, office bldg., INJURY	A.S.C.V.D. teral coronary oma of uterus (Y? (Yes or No) 208, IF YES, WERE PID (If in Boltim	Sudden ? years July 1960. December 196 E FINDINGS CONSIDERED CAUSES OF DEATH?	
ICAL CERTIFICATIO	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBU	LEADING TO DEATH at mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) B CONDITION last. FICANT CONDITIONS CAUSING OPERATION 19B. CON WAS PER TO WAS UNDERLYING THING CAUSE OF medical examiner)	dying, e.g., the disease, death.) any, giving slafing the LANDIE TO THE HT. 218. PLACE OF INJURY OCCURRE While At No.	Anterior-la Adenocarcin 20A. Autops (e.g., in or obout 21C. weet, office bldg., injury	teral coronary oma of uterus Y? (Yes or No) 208, IF YES, WER fN CERTIFYING C	Sudden ? years July 1960. December 196 E FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATIO	(This does in heart failure, injury ar cam DISEASES Crise fo the UN DERLYING OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDENOR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	LEADING TO DEATH at mean the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) B CONDITION last. FICANT CONDITIONS CONDITION SO CONDITION CAUSING OPERATION 19B. CON WAS PER TO WAS UNDERLYING THING CAUSE OF medical examiner) (Month) (Day) (Year)	dying, e.g., the disease, death.) any, giving slafing the LANDIE TO THE HT. 218. PLACE OF INJURY OCCURRE While At No.	Anterior-la Adenocarcin 20A.AUTOPS (e.g., in or obout 21C. Weet, office bldg., INJURY bt White Work	A.S.C.V.D. teral coronary oma of uterus (Y? (Yes or No) 208, IF YES, WER fin CERTIFYING C	? years July 1960. December 196 E FINDINGS CONSIDERED CAUSES OF DEATH?	

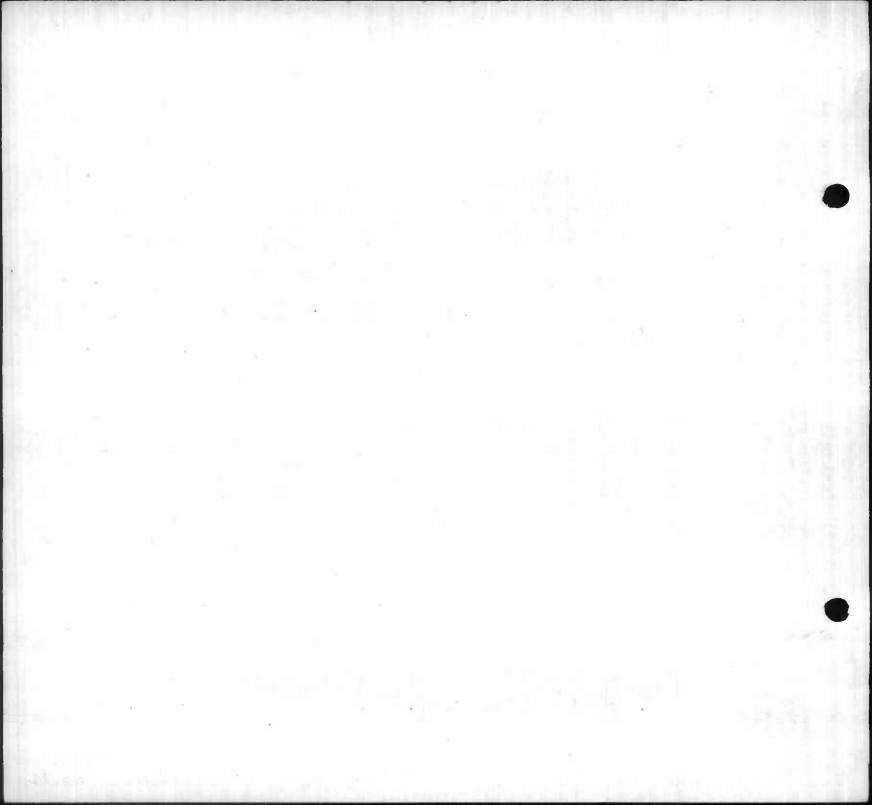
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 2/8/65. 23A. SIGNATURE Attending Phys. Med. Director Stoff Phys. 23C. PHYSICIANS NAME (Type) 23D. ADDRESS Balto., Md. 11 E. St., В. Chase 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Druid Ridge Cem.

258. NAME OF REGISTRAR H. H. Maryland 5 York Re 12, Md 2/9/ Pikesville

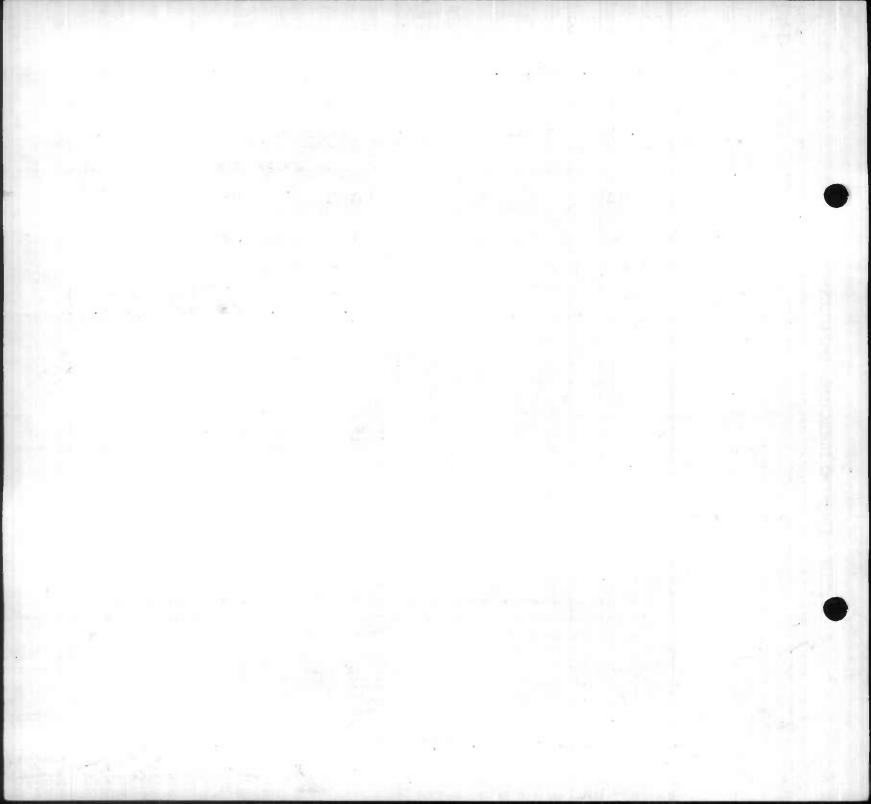
25C. FUNERAL DIRECTOR
W.Jenkins & Sons Co /1965 Burial



65 1382	BALTIMORE CITY HEALTH DEPARTMENT	65 1382
BIRTH NO.	CERTIFICATE OF DEATH	Registered Na.
M.E. CASE NO. 7/840		D HOUR OF DEATH
(Type or Print) The Charles S. Mur	Rhes Feb 1	19/25 230ml M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		deceased lived. If institution: residence before admission)
		Ba Of
FULL NAME OF (If not in hospital or institution, give oddress or location)	street Maryland	side city limits, write RURAL and give township)
INSTITUTION	1 1	52-11
Bon Secours	D. STREET ADDRESS (III	rural, give location)
Don sucours	122 A. 1-	ton fd.
S. SEX 6. RACE 7. MARRIED, NEV		P. AGE (In years If Under 1 Yr. If Under 24 Hrs.
male N.L. + a WIDOWED, DI	VORCED (specify)	ost birthdoy) Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY 11. BIRTHPLACE (State or lare)	on country) 12. CITIZEN OF
done during most of working life, even it retired)	2	WHAT COUNTRY?
30303	KEVIEW BALTO. A	17 354
13. FATHER'S NAME		
Francis L. Murchy	LETITIA 1	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give war ar dates of service)	SOCIAL 17, INFORMANT	ADDRESS
No -	Entrance Cunnixs S	MURPHY JR - 7105 LIBERTY ROAD
1B. 1 C 1 O	CAUSÉ OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	" Carcinous	of the blocker 1962-196
(This does not mean the mode of dying, e.g.,	DUE TO with m	tactacis
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.))0000	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if any, giving	DOE 10	
rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)	
N.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 198. CONDITION FOR WHICE	H OPERATION 20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	No	IN CERTIFYING CAUSES OF DEATH?
UJ2TA. ACCIDENT WAS UNDERLYING 21 & PLA	CE OF INJURY (e.g., in or about 21 C. WHERE DID	(If in Boltimare City, give exact location)
DEATH (notify medical examiner) etc.)	rm, factory, street, affice bldg., INJURY OCCUR?	
O 21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED 21 F. HOW DID INJ	IRY OCCUR?
S OF INJURY		
(APPROX.)	At Work	
22. I certify that (4) (this hospital) attended the d		965 10 Jel 6 1965.
that (I) (we) last saw the deceased alive an	fel 6 19 6 5 and the	at In(my) (aur) apinian death occurred an the date
and haur and fram the causes stated above. (1) (W		
23A. SIGNATURE		23 & DATE SIGNED
La reigna Balla	M.D. Attending Med. Director	Stoff Phys. 5 / 965
23C. PHYSICIAN'S	23D. ADDRESS	7
NAME (Type) Dr. Francisco Boltos	Tn M.D. Staff Bon	Secours Hosp.
Dr. Francisco Baltaz		
REMOVAL (Specify)	0	
		ALTO. MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	GISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
FEB 8 1965 (1) Claub E	H.W. JENKINS	1 Sous Co. 4405 YORK PZD 19
VS 1S0-REV. 1/1/65		



05 1000	BALTIMORE CITY	HEALTH DEPARTMENT		65 1383
BIRTH NO. 65 1383	CERTIFICA	TE OF DEATH	Registered Na	. 00 1000
N.E. CASE NO.		2. DATE	AND HOUR OF DEAT	н
Thomas L. Day	is. Sr.	Feb	ruary 6, 196	5 1760 1
B. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution; residence before admission
		Maryland		15-11
HOSPITAL OR address or locotio	or institution, give street		outside city limits, write	e RURAL and give township)
St. Agnes Hos	Baltimore		and give to monip.	
) but against hos	pa vala	D. STREET ADDRESS	(If rurol, give location)	
		2700 17	hau Dand	7 6
SEX 6. RACE	7. MARRIED, NEVER MARRIED	3708 Eger	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
	WIDOWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Male White	Married	8/22/1899	65	
OA, USUAL OCCUPATION (Give kind of working during most of working life, even if retired)	TIOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	toreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman H K K		Charles Co	intar Manuela	nd
3. FATHER'S NAME	I.	Charles Col	NAME MALYTA	
Pohomb Cine Desid		m		
Robert Sims David		Theodosia I	ong	
5. Was Deceosed Ever in U. S. Armed For es, no or unknown) (If yes, give wor or dote	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	3708	B Egerton Road
		Mrs. Maria G	. Davis Rali	timore, Md. 15
1B. 120 1	CAUSE C	F DEATH	David Dar	INTERVAL BETWEEN
DISEASE OR CONDITION DI				ONSET AND DEATH
rise la lhe above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELUDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	(II in Boltim	ore City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)	While At Not Whi			
	Work L At Work	00-1	1116	1-9 176 10
22. I certify that (I) (this hospita	1) ottended the deceased fram	327	1960 To 2	126-6/1965
that (I) (we) last saw the decease	ed olive on Jelle	2 19 (e) and	d that in (my) (aur) a	plnion death accurred an the d
and haur and from the causes sta	ted abave. (I) (We) (did) (did not)			
23A. SIGNATURE				23B, DATE SIGNED
(And Ing By are		ending Med.	Stoff	
23C. PHYSICIAN'S NAME (Type)	BXEHG M.D.	23D. ADDRESS	osle Ad	Broth 21212 M
24A. BURIAL CREMATION, 24B. DATE	11/1	EMATORY 101	LOCATION .	100000
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMAIORT /24L	D. LOCATION	(City, town, or county) (State)
Burial 2/10/19	65 St. Marys Ceme	etery	Newport, Mar	yland
SA. DATE REC'D BY HEALTH DEPT	25B. NAME OF REGISTRAN	25C. FUNERAL REC		Bultimore, met.
FFR 9 1300	There I a deliver	wall Til	mineral Roma.	occument, mer.



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3 Ö 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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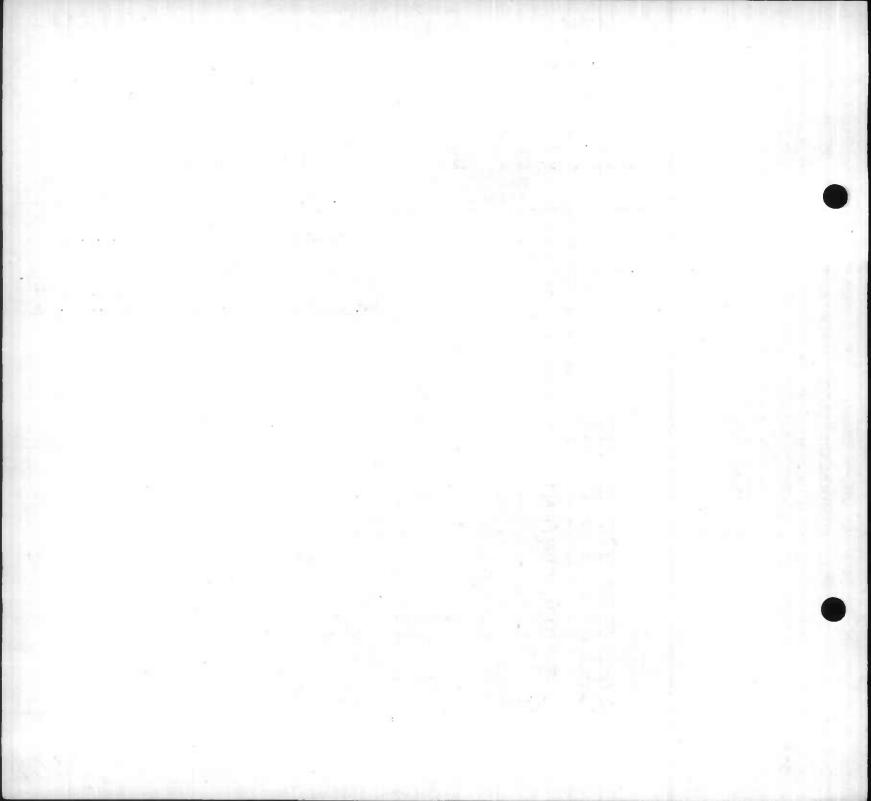
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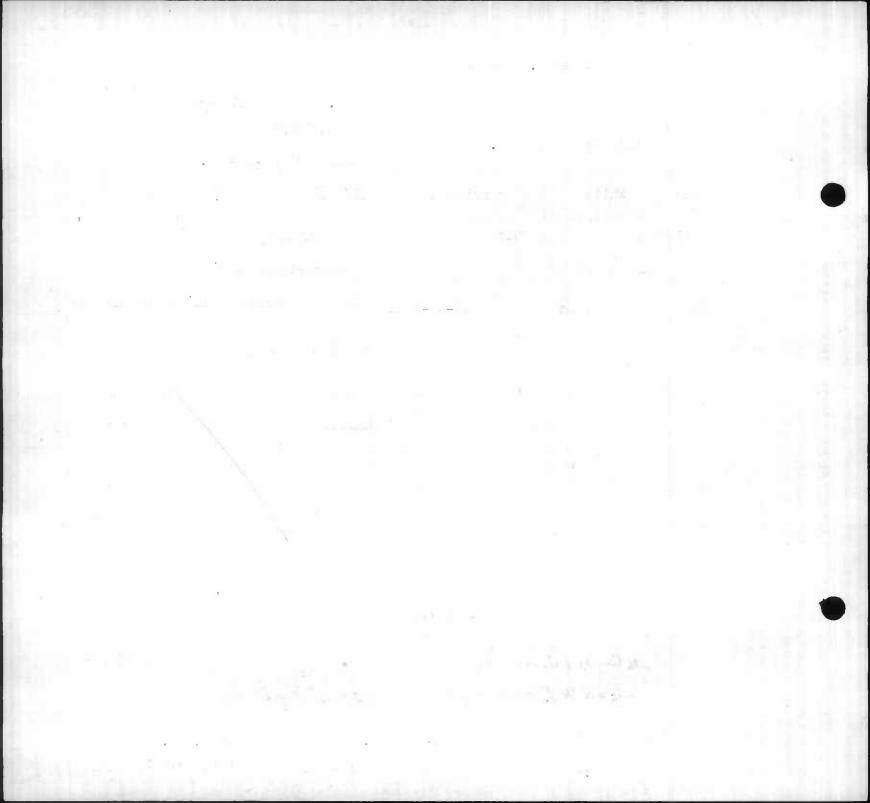
25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR



	BALTIMOR	RE CITY HEALTH DEPARTMENT		65 1385
BRTH NO. 65 1385	CERTIF	ICATE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) William A.			D HOUR OF DEATH	0 20 0
3. PLACE OF DEATH IN BALTIMORE MARY	14. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admissi	
		A. STATE B. COUN	altimore	2802
HOSPITAL OR oddress or location)				RURAL and give township)
INSTITUTION		Balitimore	and any mino, wine	NORTH ONE GIVE TOWNSHIP?
hlll Springdale	e Ave.	D. STREET ADDRESS (If	rural, give lacation!	
		4111 Springda	le Ave.	
S. SEX 6. RACE 7. White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		9, AGE (In years last birthday) 80	If Under 1 Yr. If Under 24 t Manths Days Hours Min
10A. USUAL OCCUPATION (Give kind at work) (done during mast at warking life, even if retired)	B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Estimator	Glass	Maryland		
3. FATHER'S NAME	0.2400	14. MOTHER'S MAIDEN NAM	ME	
Marcus Bachman		Catherine S	chash	
5. Was Deceased Ever in U. S. Armed Farce Yes, no or unknown) (If yes, give wor ar dates	s? 16. SOCIAL	17. INFORMANT	0.1000	ADDRESS
	of service) SECURITY NO 21 2-10-8	Mice Jone Book	man bill Sr	oringdale Ave
No None		USE OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIREC	CTIV	4 -1		ONSET AND DEATH
LEADING TO DEATH	CIEI	P 0 1 00		
(This does not mean the made of d	vino e o DUE	The will furnition	<u> </u>	
heart failure, asthenia, etc. It means th	he disease.		15	
injury ar camplication which caused d	eath.)	I. I was in souling		
ANTECEDENT CAUSES	DUE	10	y as en a	T
DISEASES OR CONDITIONS, if an	ny, giving	general thrombos ypertusion cardio disesse		
rise to the above cause (A) s UNDERLYING CONDITION last,	iding the C)	meesi	0 a 0 0 0 0 0 0 0 0 a a 0 0 a a a 0 0 a	00 00 000 00 0+40 0 0 000 0 00 00+0+0 00 000000 00 00+0+00 00
11				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING ED TO THE			
19A. DATE OF OPERATION 19B. CONDI		N 20A. AUTOPSY? IYes or No	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	21 B. PLACE OF INJUR hame, form, foctory, s etc.)	Y (e.g., in ar about 21C. WHERE DID treet, affice bldg., INJURY OCCUR?	Itt in Baltima	re City, give exact lacotion)
Q 21D, TIME Month) Day) Year)	(Hour) 21E INJURY OCCUR	ED 21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		lot While		
				-910 1-
22. I certify that (1) (this hospital)		m 18 January	19 63 ta 3	February 1965
that (1) (we) lost sow the deceased		any 1965 and th	ot in (my) (our) op	pinion deoth accurred on the
and hour and from the couses stated	d above. (1) (We) (did) (did	not) view the body ofter death.		
23A. SIGNATURE	0			23B. DATE SIGNED
John N/Ja	mary M.	D. Attending Amed. Director	Staft Phys.	9 Feb 65
23C. PHYSICIAN'S NAME ITYPE LQ HN WB	ARNABY	M.D. 1531 E Month	1 an	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	r or CREMATORY 24D. L	OCATION ((City, tawn, ar county) (State
Burial 2/8/1965	Woodlawn	Comt	andlares Ma	
	5B. NAME OF REGISTRAR	25C. FUMERAL DIRECTOR	oodlawn, Md	ADDRESS I
FEB 8 1965 (Clast E. tarkey	MA WMY TOCKE	er Kon n	Mallie Ballo 17

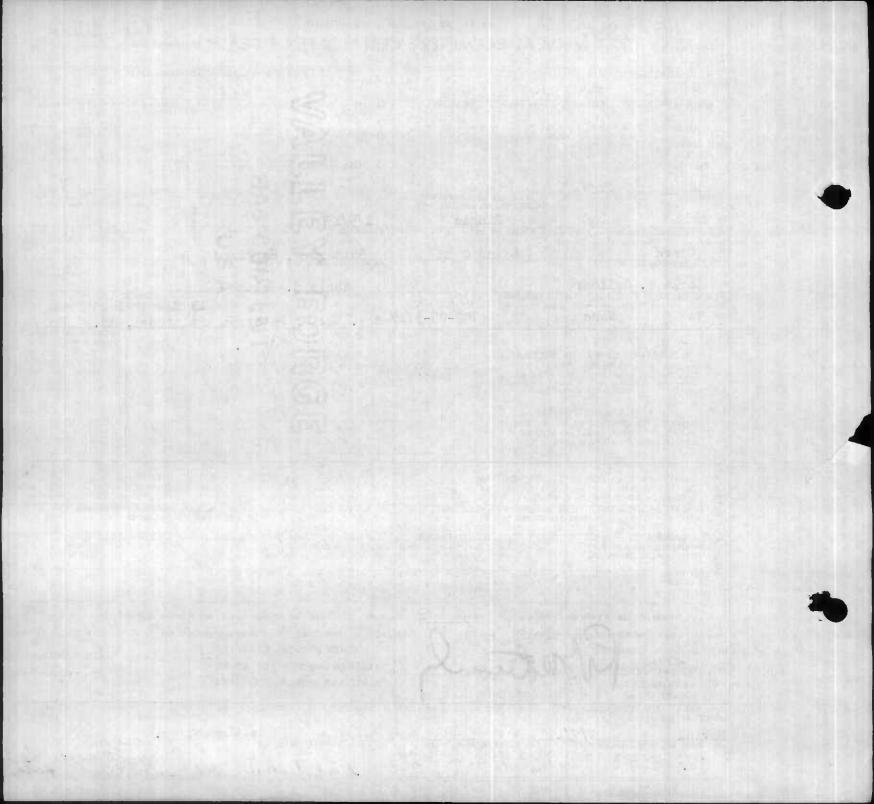
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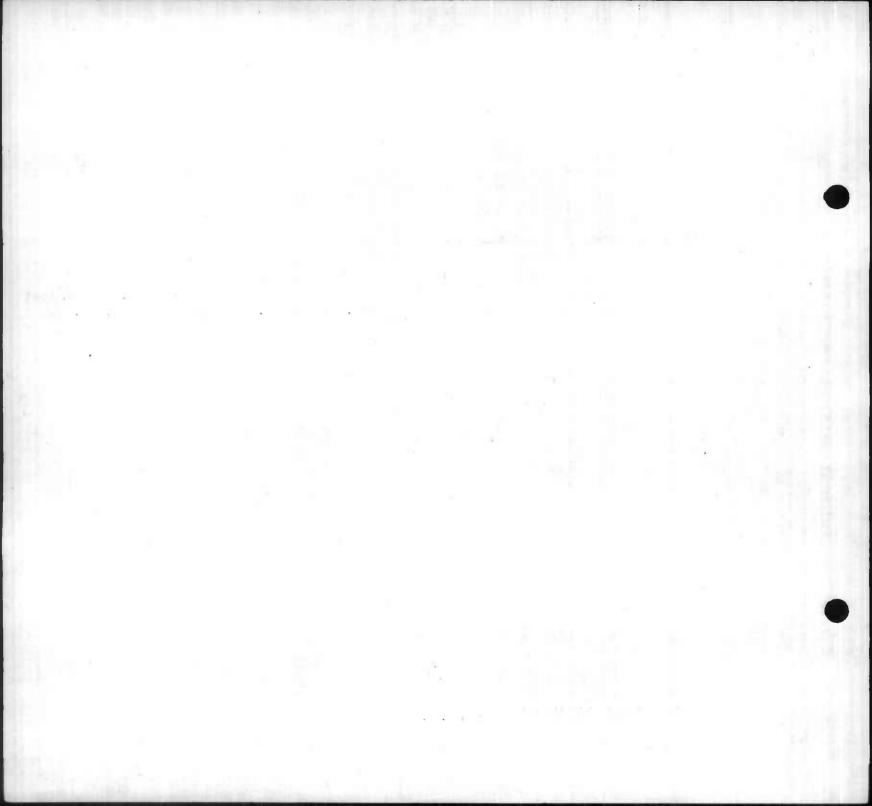
BALTIMORE	CITY	HEALTH	DEDA	DTAMENIT

CE	420
65	138
1 5 5	

LE CASE NO		2. DATE AND HOUR PRONOUNCED DEAD						
NAME OF DECEASED CHARLES ROSS GATTHER								1.45 -
DI AGE IN DI				The themal preis		ary 6, 1965		1:45 p M.
PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	Maryland	R COI	JNTY	e before ournission
JLL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C CITY OF TO		corporate limits, writ-	- PIIPAI and	rive tavenship)
OSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITI OK 10			25	5
					Baltimo		20	
				D. STREET ADD				
	Lutheran E	Hospital			Crimea Ro	oad		7
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	ТН	9. AGE (In years		Yr. If Under 24 Hrs.
male	white		ngle	1/5/190	7	58		
	CCUPATION (Give kind of wor						12. CITIZEN	OF
	of working life, even if retired)	-	1 0 77				WHAT	COUNTRY?
Cler		B ar	nd O RR	Baltim	AAIDEN NAME	yland		
11 22 -								
	R. Gaither			Anni	e E. Smi	th		
	ASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		13 St	ADDRESS ammerfie	1d Road
No	None		705-05-371	9 Mrs. Wal	ter Pete		more. M	
118. / / /			CAU	SE OF DEATH	002 2000	I DON DALO		TERVAL BETWEEN
	ANTECENDENT CAUS	ES	(0)		У			
RISE TO UNDERL	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S LYING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	ANY, GIVING THE TATING THE CONTRIBUTING THE						
RISE TO UNDERL	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION [19.8], CONDITION [19.8]	ANY, GIVING THE CONTRIBUTING TO	(C)	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE FI		
OTHER STO THE DISEASE	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION [19.8], CONDITION [19.8]	ANY, GIVING THE TATING THE CONTRIBUTING TO	(C)	20A. AUTOPS'	Y? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU		
RISE TO UNDERL	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION [19.8], CONDITION [19.8]	CONTRIBUTING THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR THE CONTRIBUTION FO	(C)	No	Y? (Yes or No)	IN CERTIFYING CAU	SES OF DEATI	1?
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RISE TO UNDERL	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S LYING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yeo	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING TO THE CONTRIBUTION FOR THE CONTRIBUTION THE CONTRIBUTION FOR THE CONTR	WHICH OPERATION PLACE OF INJURY (e.g. form, foctory, street, vertice at the control of the cont	No p., in or obout 21C. office bidg., NJUR	Y? (Yes or No) WHERE DID (YY OCCUR?	IN CERTIFYING CAU	SES OF DEATI	1?
RISE TO UNDERLY OTHER STO THE DISEASE 19A, DATE 21A, EXTER UNDERLYIN UTING C	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S LYING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yeo	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING TO THE CONTRIBUTION FOR THE CONTRIBUTION THE CONTRIBUTION FOR THE CONTR	VHILE AT NO	No g., in or obout 21C. office bldg., INJUR	Y? (Yes or No) WHERE DID (YY OCCUR?	IN CERTIFYING CAU	SES OF DEATI	1?
OTHER STOUNDERLY OTHER	SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S. THE ABOVE CAUSE (A) S. YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RECORDITION CAUSING OF OPERATION 198, CONWAS PER NAL CAUSE WAS PER NAL CAUSE WAS PER NAL CAUSE WAS IG OR CONTRIBANCE OF DEATH. (Month) (Doy) (Year Contribution of the contrib	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONTRIBUTION TO THE CONTRIBUTION THE CONT	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, foctory, street, form, foctory, street, form, foctory, street, form, foctory, stre	NO p., in or obout 21C. office bldg., INJUR 21F. H T WHILE WORK On Autopsy Homic	Y? (Yes or No) WHERE DID (Y OCCUR? IOW DID INJU Ind that on this Ide U MEDICAL EX	IN CERTIFYING CAU If in Boltimore City, g RY OCCUR? s bosis, death in Indetermined month AMINER AMINER	my opinion	1?
RISE TO UNDERLY OTHER STORY OF INJURY (APPROX.) 22.	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S. THE ABOVE CAUSING CONDITION LAST. II SIGNIFICANT CONDITION SE DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER OR CONTRIBANCE OF DEATH. (Month) (Doy) (Year Contribution of Contribution Cause of Death. (Month) (Doy) (Year Contribution Cause of Death. (Month) (Doy) (Year Contribution Cause of Death. Sulted from: Natural cause of Contribution Cause of Death. JAL ATURE MINER'S Rudige:	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR NOTIFICATION FOR NOTIFI	NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, street, while at Novork Inspection X At Careful Autority Suice	NO p, in or obout 21C. office bldg, INJUR 21F. H TWHILE WORK Autopsy CHIEF N ASSOCIATE N	Y? (Yes or No) WHERE DID (Y OCCUR? IOW DID INJU Ind that on this Ide U MEDICAL EX MEDICAL EX	IN CERTIFYING CAU If in Boltimore City, g RY OCCUR? S bosis, death in indetermined monn AMINER AMINER AMINER	my opinion	DATE SIGNED 2-7-65
OTHER STOUNDERLY OTHER	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S. THE ABOVE CAUSE (A) S. YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT REFOR CONDITION CAUSING OF OPERATION 198, COMMAS PER MAL CAUSE WAS PER MAL CA	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR THE	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, foctory, street, form, foctory, street, form, foctory, street, form, foctory, stre	NO p, in or obout 21C. office bldg, INJUR 21F. H TWHILE WORK Autopsy CHIEF N ASSOCIATE N	Y? (Yes or No) WHERE DID YY OCCUR? IOW DID INJU Ind that on this Ide U MEDICAL EX MEDICAL EX	IN CERTIFYING CAU If in Boltimore City, g RY OCCUR? S bosis, death in indetermined monn AMINER AMINER AMINER	my opinion er	DATE SIGNED 2-7-65



1		Y HEALTH DEPARTMENT	1.000
	RTH NO. 65 1387 CERTIFICA	TE OF DEATH Registered Na.	1387
D 1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	FERUARY 5 1965	9:55 AM.
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: re A. STATE B. COUNTY	esidence before odmission)
deat	FULL NAME DF (If not in hospital or institution, give street	MARYLAND /2	101
	HOSPITAL DR address or lacation)	C. CITY OR/TOWN . (If outside city limits, write RURAL one	d give township)
2 H 1	UNION Memorial Mospital	BALTIMORE	
prior to		D. STREET ADDRESS (If rurol, give location)	
L .	BALTIMORE, MARYLAND	3012 St. PAUL ST.	18
00	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under Months)	Doys Hours Min.
is m	MALE white MARRIED	7/29/85 79	
10 do	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITI: WH.	ZEN OF AT COUNTRY?
0	Retired Salesman Retail fuel	mary Land L	1.5.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	EUGENE Rowley	LELIA TRUITT	
15.	Wos Decedsed Ever in U. S. Armed Forces? 16. SOCIAL	17 INFORMANT	ADDRESS
(Y			. Paul Street
-	No None CAUSE O	Mrs. Dorothy R. Coleman Baltimo	re Md. 18
	SON X		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EREBRAL Throm bosis	6 days
	tinis does not mean the made of dying, e.g., DUE ID		.G917.2
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving		
1	rise la lhe abave cause (A) sloting lhe (C) UNDERLYING CONDITION last.		
2	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.		
		20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
CETIFIC	0	No	
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in factory street of	in or obout 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	e exact location)
IN			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPRDX.) While At Work At Work	le	
	22. I certify that (I) (this haspital) attended the deceased fram	1 /30 1965 to FEBRUARY	5 19 65.
	that (1) (we) last saw the deceased alive an FFBRUARY	5 19 65 and that in(my) (aur) apinian dear	
	and hour and fram the causes stated abave. (I) (We) (did) (dld nat)		
	23A. SIGNATURE	·	TE SIGNED
	David Merritt Mac Millan. D. At	tending Med. Stoff	1-11
		ys. Director Phys. 2/	5 / 65
	NAME (Type)		11 200
24	DAVID MERRITT MAC MILLAN M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR. REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, of	or county (State)
	Burial 2/8/1965 Druid Ridge Cer	metery Pikesville, Marylan	nd
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR O Belle	indoress , hap. 1)
	FEB 8 1965 Robert E. Farkey M.A.	Who f. Vickment sons nort	hela hues.
V:	150-REV. 1/1/85		



eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased attendance prior occurred made. regular deceased isposition = Was Ö the or his assistant if death LO U kind; final attendance any pronounced 10 embalmed of the chief medical examiner OL regul who are 4 <u>e</u> physician before the remains Was burns; physician (2) Body the to the hospital by a where °N any nature; obtained 9 approved (except and Jo hospital eath) the body was released must shows: (1) An accident D 10 approval 0 prior to D.O.A. eceased decease Was

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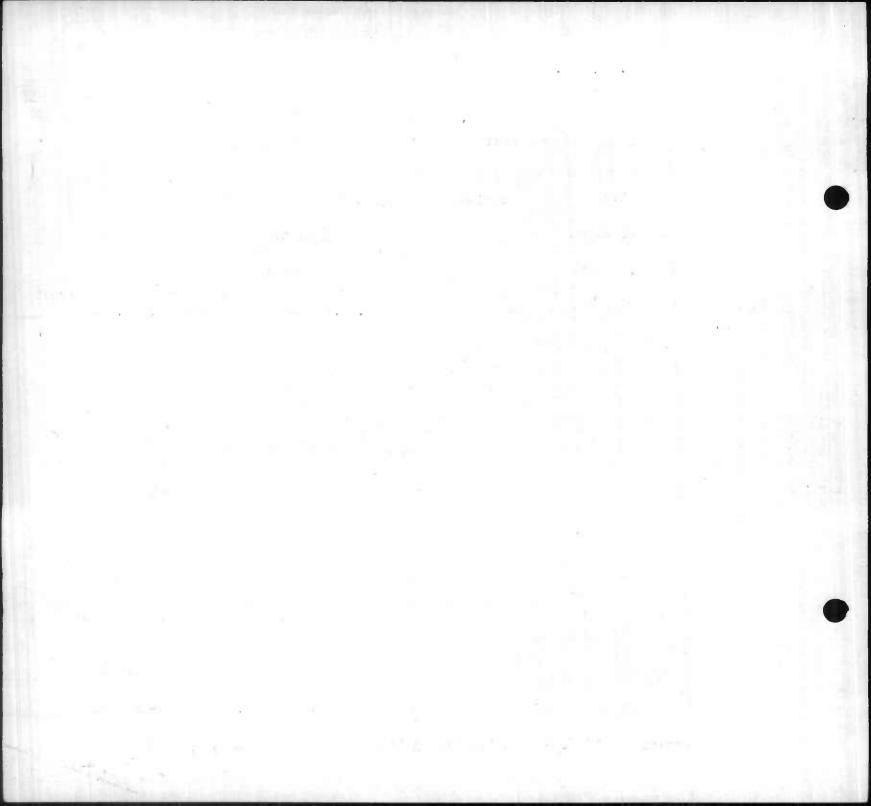
death.

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a hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH X BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) February 3. Dr. Amos R. Koontz 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR oddress or location) and give township (If outside city limits, write RURAL INSTITUTION Garrison 1 East Eager Street D. STREET ADDRESS (If rurol, give location) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdov) Male White 2/12/1890 Married IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Physician - self Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hubert L. Koontz Annie Brown 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 101 West Monument Street SECURITY NO. World War I & II Yes Baltimore. Mr. W. Burton Guy CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or complication which caused death,) (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, lactory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examined MEDIC, (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinion death occurred on the date and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff M.D. 2/5/65 Phys. Director Phys. L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1014 St. Paul St., Baltimore 2, Md. Robert C. Kimberly 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Graves Chapel Cometery REMOVAL (Specily) Removal 75C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



	BALTIMORE CI	TY HEALTH DEPARTMENT	05 1000				
John Ho.	389 CERTIFICA	ATE OF DEATH & R.	gistered No. 65 1389				
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH				
(Type or Print) ROBERT	SON , LENA	February	6, 1965 12:35 A. N				
3. PLACE OF DEATH IN BALT	IMORE, MARYLAND	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence before odmission				
FULL NAME OF (If not	in hospital ar instilution, give street	Md.	Scotto				
HOSPITAL OR oddre	ss or location)	11	ty limits, write RURAL and give tawnship)				
St. 3	oseph Hospital	Pikesville D. STREET ADDRESS (If rurol, g	ive location)				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AG	(In years If Under 1 Yr.) If Under 24 Hrs.				
Female Whi	WIDOWED, DIVORCED (specify)	2/6/87 last bit	thday) Manths Days Hours Min.				
10A, USUAL OCCUPATION (GIV	e kind of work 108. KIND OF BUSTNESS OR INDUST		ntry) 12. CITIZEN OF				
dane during mast of warking life, ev	en if retired)	Marril and	WHAT COUNTRY?				
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.				
0	Ma 22 a	Collis C. 41					
George Walls. 15. Was Deceased Ever in U. Street, na ar unknown) (If yes, give	Maddox Armed Forces? 16. SOCIAL	Sallie Sudler	ADDRESS				
(Yes, na ar unknown) ()f yes, give	wor or dates of service) SECURITY NO.						
18. / 2.0 6	CAUSE	Miss Sallie Roberts OF DEATH	son, 6 Waldron Ave. Pike svil				
DISEASE OR CON		OF DEATH	ONSET AND DEATH				
LEADING	O DEATH	teriosclerotic Heart	Disease				
(This does not mean th	e made of dying, e.g., DUE TO						
injury or complication wi							
ANTECEDEN	IT CAUSES (8)						
	DISEASES OR CONDITIONS, if any, giving						
UNDERLYING CONDITION							
OTHER SIGNIFICANT CO	NOT RELATED TO THE						
	CAUSING IT.	100 A					
19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO NO	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?				
U 21 A. ACCIDENT WAS UN	DERLYING 218. PLACE OF INJURY (e.g.		(If in Baltimare City, give exact location)				
U 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (natify medical exa	USE OF home, form, factory, street,	affice bldg., INJURY OCCUR?					
2	Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY O	CCUP?				
OF INJURY	While At Not W	hile 🗀					
	Wark L At Wa						
	is hospital) attended the deceased from	65	5 to Feb. 6, 165				
that (I) (we) last saw t	he deceased alive an Feb. 6,	1965 and that in(my) (aur) aplnian death accurred on the dat				
	causes stated above. (1) (We) (did) (dld nat)	view the bady after death.					
23A. SIGNATURE	Allargo, M.D. A	ttending Med. Staff	23B. DATE SIGNED				
	yourse M.b.	hys. Director Phys.	X 2/6/65				
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
	ore Marse!	THOO M. CAPOTHE 3					
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATIO	ON (City, tawn, or county) (State)				
	Feb.8.1965 Episcopal Ceme	etery Fairmou	int, Md.				
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME OF REGISTICAR	25C. FUNERAL DIRECTOR	ADDRESS				
FEB 8	1965 Robert E. Jankey	Lein H W	Jen b. Come mol.				

burial Feb. 8, 1965 Episcopal Cometery Fairmount, Md.

25A. DATE REC'D BY HEALTH DEPT.

PEB 8 1965 Robert E. Tarkey M.A. Zerrich R. Wilson

AVEZ . 50

FUNERAL DIRECTOR: IMPORTANT

	4 ()	(11)	BALTIMORE CIT	HEALTH DEPARTMENT		65 1390
BIRTH NO.	. 65 13	30	CERTIFICA	TE OF DEATH	Registered No	. 30 1000
M.E. CAS	E NO. OF DECEASED				AND HOUR OF DEAT	H
(Type or P	1 4	ed M. Scott		4. USUAL RESIDENCE (V	BRUARY4	
FULL N	NAME OF (If not i	n hospitol or instituti	on, give sheet	Maryland	YINU	27-09
HOSPIT	AL OR oddress	or location)		C. CITY OR TOWN	outside city limits, write	RURAL and give township)
	4531 Marble Hall Rd. Baltimore 12		1. 1.04.	Baltimore D. STREET ADDRESS	(If rurol, give location)	
				4531 Marble	Hall Road	12
5. SEX	6. RACE	WIDO	WED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	lied of week 100 King	larried OF BUSINESS OR INDUSTRY	Jan. 3 1878	87	In Citizen Of
done during	g most of working life, ever	n if retired)	OF BUSINESS OR INDUSTRI	II. BIRINFLACE (Store of	roreign caunity)	12. CITIZEN OF WHAT COUNTRY?
	cecutive	I	Banking	New York	N. 10-	U.S.A.
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN	NAME	
	Henry Scot	t		Jane D	vson	
15. Wos D (Yes, no or	Henry Scot	Armed Forces? wor or dotes of serving	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Jessi	e Scott	as Above
18.	12011		CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR COND		in Co	RONARY	OCCLUSI	ONSET AND DEATH
heart	daes not mean the failure, asthenia, etc. or camplication which ANTECEDENT	. It means the dise ch caused death,)	360	RERIUSLE ARDIU-VAS		5+YEARS
rise	ASES OR CONDITION to the abave condendation	ONS, if any, givenes (A) stating	ing (C)	PRDIG-VAS	ICULAR 15E	
UND		v lasi,				
1 TO	ER SIGNIFICANT CONE THE DEATH BUT ASE OR CONDITION O	NOT RELATED TO	TING THE			7
DI 19A. D	DATE OF OPERATION	ATION [198. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No)] 208. IF YES, WERE F		E FINDINGS CONSIDERED		
0 21 A. /	218. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)		in or obout 21 C. WHERE DIE ffice bldg., INJURY OCCUR	O (If in Boltime	ore City, give exoct locotion)	
S OF IN	Whi		21E, INJURY OCCURRED While At Not Whi Work At Work	le 🗀	INJURY OCCUR?	
22. 1	certify that (I) (this	hospital) attende	ed the deceased from	JOY EM BEX	19 (0) to 1	28 RUARY 4,1965.
that ((1) (we) Tast saw the	deceased alive	on FEISKUHIK	19.65 and	that In (my) (our) a	plnian death accurred on the date
		uses stated abav	. (I) ()(did) (did nat)	view the bady after dea	th.	
23A. S	IGNATURE		9			23B, DATE, SIGNED

arkin	1500	115	~	Phys.
23C. PHYSICIAN'S NAME (Type)	442	KAR	EPIN	23D. ADI

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

Removal 2/8/65
25A. DATE REC'D BY HEALTH DEPT.
FEB 8 1965 1258. NAME OF REGISTRAR

24B. DATE

Macon, George Williams & Dickney + Georgia

ADDRESS

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

Med.

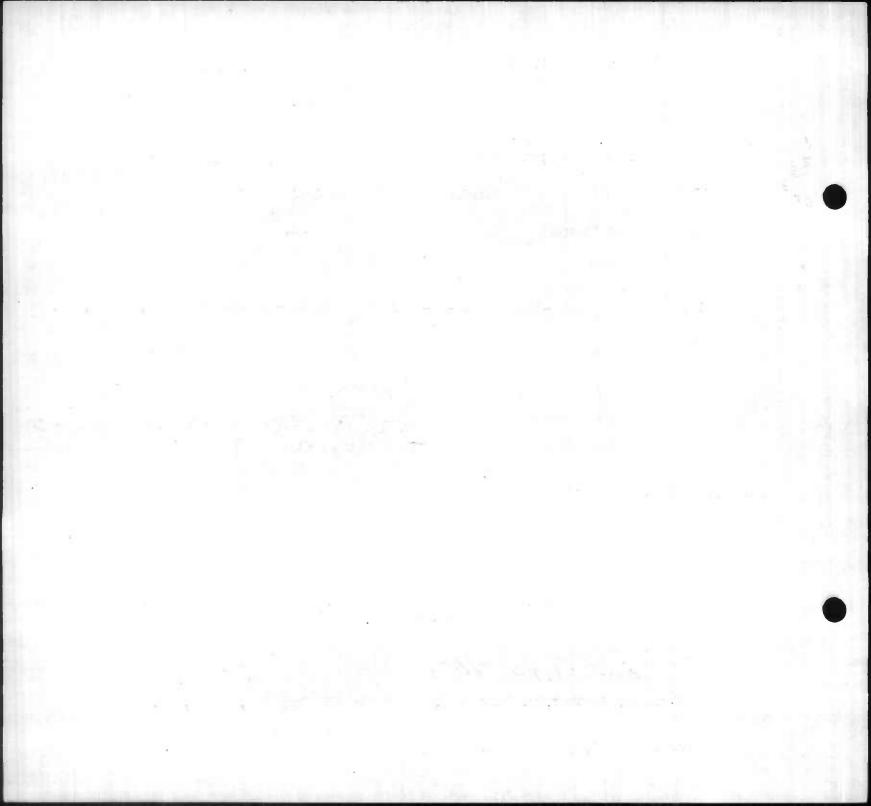
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	-	A 47 87 A		BALTIMORE CITY	HEALTH DEPARTMENT		65 4004			
M.	E. CASE NO.	1391		CERTIFICA	TE OF DEATH	Registered Na.	65 1391			
	AME OF DEC		TT DOC	C		AND HOUR OF DEATH				
		ISIDOR MOR		5	U. Heima Besidence (M	Feb. 5, 1965	2:50 A M.			
	FULL NAME O	F (If not in hospitat		give street	A. STATE B. CO	UNTY	institution: residence before odmission)			
	HOSPITAL OR address or locofion) INSTITUTION US Public Health Service Hospital				C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore					
		Pk. Drive & 3				(If rural, give location) Lanvale Str	ceet			
5, 5	M M	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9/14/94	9. AGE (In years lost binhdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
don	e during mast of	JPATION (Give kind of work working life, even if retired) e Sea Scouts	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NA	AE			14. MOTHER'S MAIDEN N	IAME				
	Mos	ses Poss			Bertha 1	Eckhaus				
15.	Was Deceased	Ever in U, S. Armed Far	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	Yes		1919	212-22-5613	Records_	US PHS Hospi	ital, Balto, Md.			
	18. // 0	2, 1 1		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEAS	E OF CONDITION DIS	ECTLY	Ca	CONCENSION H	GART GALL	18 4 T.CO. 1.14			
		at mean the made al		DUE TO	VO-63/11/6/11	FIT (1771-6	THE TENTINA			
		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made al dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OF CONDITIONS, il ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last. (A) CONG-LS TIVE HEART FAILURE TERMINAL (B) MYOCHRDIAL INFARCT RECENT DUE TO (C) ARTERISS CLEROTIC CORDIO YEARS (C) ARTERIS C								
	ANTECEDENT CAUSES (B) / 1/0 CBT V AT PARCY / FCEN /									
	rise to the	OR CONDITIONS, if a above couse (A) CONDITION last.		(C) ARTI	ERIBSCLER	OTIC CAR	DIO YEARS			
		11 POSCOLIAN DISTOR								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				Jes 20A. Autopsy? (Yes or No) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner)	21 B. ham etc.)	e, form, factory, street, of	n or obout 21C. WHERE DID (If in Baltimare City, give exact location) (If in Baltimare City, give exact location)					
EDI	21 D. TIME OF INJURY	(Month) (Day) (Yeor)	(Hour) 21 E.	INJURY OCCURRED						
×	(APPROX.)		Whi	ile At Nat While						
	22. I certify that (1) (this hospital) attended the deceased from Feb. 5 19 65 to Feb. 5 19 65 ,									
	that (1) (we) last sow the deceased olive an Feb. 5 19.65 and that in (17/4) (our) apinion death occurred an the date									
	and haur and fram the causes stated above. (1) (We) (dld) (djd/n/sy) view the body after death.									
	23A. SIGNATU	RE /	17-	AND AND	unding - Med -	Stoll .	23B. DATE SIGNED			
	1/1	Drank a Sarthur M.D. Attending Med. Stoff Phys. \ 2/5/65								
	Pran Fran	vpe)	Sr. Sur		US PHS Hospi	tal. Balto.	Md.			
24/	BURIAL CRE		24C. N	AME of CEMETERY OF CRE			City, town, or county) (State)			
264	Burial	2/7/65	DER NAME	heb Shalom	Jaco Billian A. Disser	Baltimore Md				
234	E.	EB 8 1965 (Police 6	E. Farkey M.A	William	1 Deckner	Sond north + Pens			
VS	150-REV. 1/1/	35 .				1				

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VS 150-REV, 1/1/65

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shows: (1) An accident of any nature;

the body was released

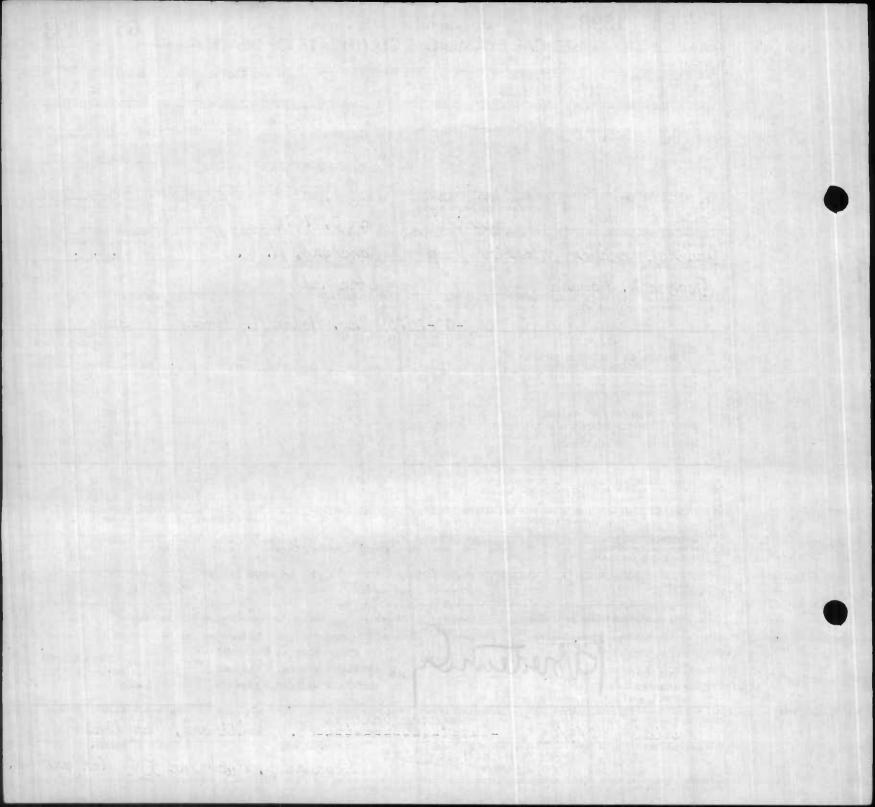
(4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 1392 Registered Na. RTIFICATE OF DEATH BIRTH NO. M.E CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belare A. STATE // B. COUNTY admission) FULL NAME OF (If not in haspital or institution, give HOSPITAL OR oddress or tacotion OR TOWN (If outside city timits, write RURAL and give township) INSTITUTION ADDRESS அral, give tacation) made. 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 6. RACE Hours WIDOWED, DIVORCED (specify) ost birthdoy 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 1. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done dufing most al working life, even if retired) ary museum 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS 17. INFORMANT final (Yes, na ar unknawn) (11 yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving the above couse (A) stating the the remains UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID home, farm, loctary, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examined MEDIC be obtained (Manth) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from death); that (1) (we) last sow the deceased alive an 2ond that In(my) (aur) apinion death accurred an the date and haur gard) from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A, SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director M.D. Staff approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION. 24D. LOCATION 24C. NAME of CEMETERY or CREMATORY (City, town, or county) (State) REMOVAL (Specify) written 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT ADDRESS

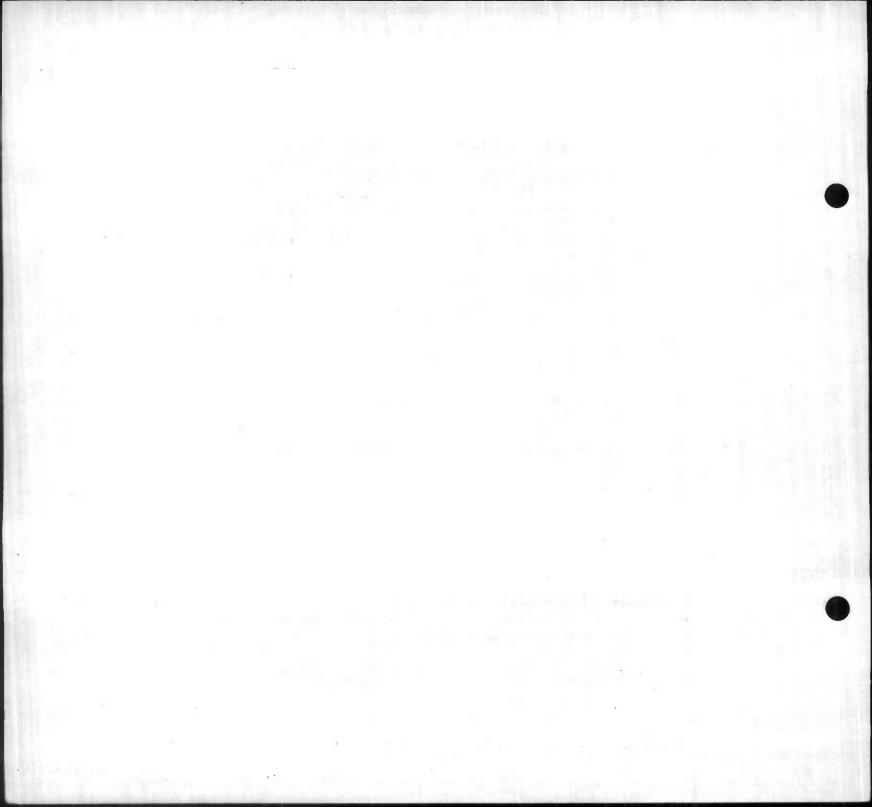


	65	1393	BALTIA	MORE CITY HEAL	TH DEPARTMEN	т		65	1393
BIRT	H NO.	MED	ICAL EXAM	INER'S C	ERTIFICAT	E OF DE	ATH Register	red No	2000
M.E.	CASE NO.					X			
1. N	AME OF DE						UR PRONOUNCE		
		WILLIAM					6, 1965		9:20 p
3. PL	ACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED	DEAD	4. USUAL RESIDE		ased lived. If insti B. COU	tution: residence	before admission)
HOS	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, ATION)	GIVE STREET	C. CITY OR TOW	Maryland N (If outside con Baltimore	porote limits, write	RURAL ond giv	e township)
					D. STREET ADDRI			0000	V
		Union Memor	ial Hospital			Trail Ro			
5. \$1	Х	6. RACE	7. MARRIED, NEVER		B. DATE OF BIRTH	9	. AGE (In years		If Under 24 Hrs.
	male	white	WIDOWED, DIVORG	CED(specify)	M	1011	ost birthdoy) 50	Months Doys	Hours Min.
		UPATION (Give kind of we	TENOB KIND OF BUSIN	LEA INDUSTRY		Stole or foreign con		12. CITIZEN O	F
done	during most of	working life, even if retired	11	0	11 1	11 6	,	WHAT CO	
	ATHER'S NAM		Herring ?	<i>yeep</i>	Rosebore			1 4.5	0/10
	C		1		Lena Ha				
15. V	YEORGE VAS DECEASI	W. Howard		CIAL	17. INFORMANT	u		ADDRESS	
		Off yes, give war or da		CURITY NO.					
			069	-05-1618	Mrs. H	elen K.	Howard	san	
	1B. 42	2.1		CAUSE	OF DEATH				RVAL BETWEEN
z	head failure injury or co	not meon the mode of ostenio, etc. It meon mplication which caused antecendent CAU: OR CONDITIONS, IF IE ABOVE CAUSE (A) NG CONDITION LAST	ns the discose. I deoth.) SES ANY, GIVING STATING THE	(B)					
은		II							
TIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO THE						
L CERTI	O DATE OF		NDITION FOR WHICH		No	IN C	IF YES, WERE FIN	SES OF DEATH?	
0	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	218. PLACE home, lom, etc.l	OF INJURY (e.g., foctory, street,	in or about 21C, W office bldg., INJURY	HERE DID (If in OCCUR?	Boltimore City, giv	ve exoct locotion	7)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	or) (Hour) 21E. INJ WHILE	AT NOT AT W	WHILE	W DID INJURY C	CCUR?		
	22.	tify that I held on		ection X Au	topsy and	that an this be	isis, deoth in m	v aninian	
	resu	Ited fram: Natural c	auses X Accide	nt Suicid			termined manne	or 🗀	
	ACTUA	1 //	norton	14		DICAL EXAMI		DA	TE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							2-7-65	
	EXAMIT NAME (Breiteneck	er	ASSOCIATE ME	EDICAL EXAM	INER		1
REN	BURIAL CRE BURIAL (Specif	MATION, 238 DATE 2/9/	23C. NAM	le cemetery	valley 1		tion (City,	Marylan ADDR	1
		FEB 8 198	5 Robert &	. Jankey M.	Leono	urd J. R	uck Inc	5305 H	larford f
VS	151-REV, 1/1/	65							

Leonard J. Ruck Inc 5305 Harford Rd.



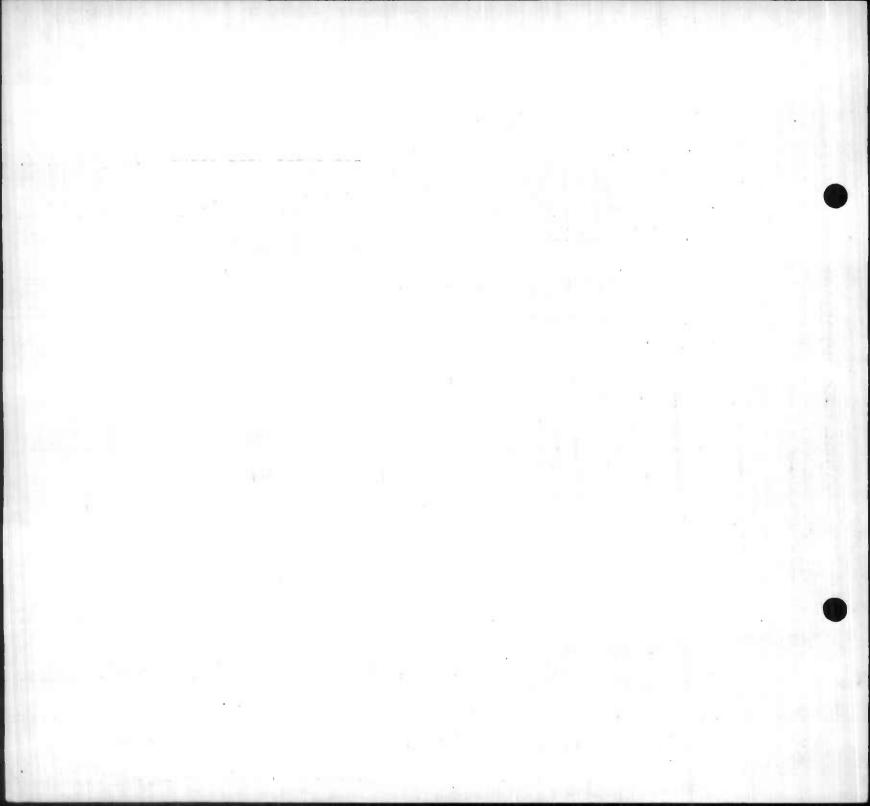
65 4004	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 1394				
BIRTH NO. 65 1394	CERTIFICA	ATE OF DEATH Registered No.	1 (11)				
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH					
Mardaga Far	mie Gertrude	2-7-65	3 A.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	A. STATE B. COUNTY	nstitution: residence before admiss				
FULL NAME OF (If not in hospitol or instruction) INSTITUTION	litution, give street	Maryland Baltimore c. city or town (If autside city limits, write	RURAL and give township)				
Jenkins Memorial	Hospital	D. STREET ADDRESS (If rurol, give location)					
		4301 Roland Avenue					
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 90	If Under 1 Yr. If Under 24 Months Doys Haurs Mir				
10A, USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
15-		Baltimore, Maryland	U.S.				
Housewife 13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0.00				
Henry Kreis		Ellen J. Bond	- A				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give wor or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
tros, no or unknowning it yes, give wor or unies of s		Hospital Record Je	enkins Memorial				
18. 493 V I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTL	Y	7)	ONSEL AND DEATH				
LEADING TO DEATH	(4)	neumonia	2days				
(This does not mean the mode of dying		The state of the s					
heart failure, asthenia, etc. It means the a							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, it ony, rise to the obove couse (A) stotic UNDERLYING CONDITION lost,							
OTHER SIGNIFICANT CONDITIONS CONTE							
OTHER SIGNIFICANT CONDITIONS CONTE	TO THE HIPEULO sol	crotic Heart 1150000	. years				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
		III CERII IIII CA	TOOLS OF MENTILE				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,		e City, give exact location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, etc.)	office bldg., INJURY OCCUR?					
2			150000				
OF IN IURY							
(APPROX.) While At Not While At Work							
22. I certify that (41-(this hasnital) att	22. I certify that (t) (this hospital) attended the deceased fram 7/3/ 19 67 to 7 19 65						
478	- /.						
that-(1) (we) last saw the deceased ali	ve an	7 19 65 and that in(my) (aur) ap	inian death accurred an the				
and havr and from the causes stated a	bave. (H) (We) (did) (did nat)	view the bady after death.					
23A. SIGNATURE	1		23 B. DATE SIGNED				
Days.	M.D. Attending Med. Stoff						
22C/HUSICIANS	mary Ph	ys. Director Phys. D	10/1/63				
23CE HYSICIAN'S		23D. ADDRESS	//				
J. Raymond Gl	ladue M.D	Tentius Memoural	thounital				
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATION (C	city, town, or caunty) , IStot				
Burial 2/10/65	Holy Redeeme	r Cem. Baltimore	, Maryland				
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAD	25C. FUNERAL DIRECTOR	ADDRESS /				
FEB 8 1965 (lobert E. Jarkey	1 Leonard J. Ruck Inc	5305 Harford				



FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMENT		65 1395			
11	тн но. 65	1395		CERTIFICA	TE OF DEATH	Registered No	00 1000			
1, N	E CASE NO.			1	2, DATE AN	D HOUR OF DEATH				
Livi	pe or Print)	acohsen	, Ca	. "/	Fuebra	uary 8 19	165 34CAN			
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (When	re decepsed lived. If ins	titution: residence before odmission)			
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital a address or location)	r institution, g	give street	C. CITY OR TOWN / Ilf out		URAL and give township			
0	Frankl,	n Squal	to fl	'ospital	D. STREET ADDRESS (If rurol, give locotion) - 5 + 6 = - Feb - Feb 610 E/ 27th St.					
5, 5	SEX 6. RAC	E I	MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs.					
	M	700	82	7 7 Table 1 Am 1	12/1/1897	lost birthdoys				
	. USUAL OCCUPATIO		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
R	et. Civil	Service			Ohio		11 5 11.			
13.	FATHER'S NAME	JOUNE			14. MOTHER'S MAIDEN NA	ME	6(13,71			
	Jacob	Jacobso	72		Tonnion	100				
15.	Was Deceased Ever in	U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT	7 3 7 7	ADDRESS			
116	o, no or onknownight yes	s, give wor or adies	or service/	SECURITY NO.	1	5	218 The Alames			
_	18. // 2.0	1		CAUSE O	E DEATH	20 Jr 64	INTERVAL BETWEEN			
	Malli	CONDITION DIS	C *1 1	CAUSE	DEATH	,	ONSET AND DEATH			
		CONDITION DIRE	CILY	2	men 21/2 / - 1.	12:1:12				
	(This does not mean the mode of dying, e.g., DUE TO									
	heoit foifure, ostheria, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES (B)									
	DUE TO									
	DISEASES OR CONDITIONS, if any, giving uise to the obave cause (A) stoting the (C)									
		UNDERLYING CONDITION losi.								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
	DISEASE OR COND	ITION CAUSING IT.								
ERTIFIC	19A. DATE OF OPER	MAS PERFO		VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?			
AL CE	21 A. ACCIDENT WA OR CONTRIBUTING	CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)			
DIC		h) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	215 110111 212 1111					
ME	OF INJURY	in (Doy) (Teon			21F. HOW DID INJ	URY OCCUR?				
	(APPROX.) While At Work At Work									
	22. I certify that (I) (this hospital) attended the deceased from Ash. 5 19 65 to 19 65.									
	that (1) (we) last saw the deceased alive on 3 4 1965 and that In (my) (our) opinion death occurred on the date									
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.									
	23A. SIGNATURE						23B. DATE SIGNED			
	1Cc	to Rek	70	M.D. Att	ending Med.	Stoff	2/8/65			
	Land to the state of the state	, confe			s. Director 23D. ADDRESS	Phys.	2/0/0)			
	PHYSICIAN'S NAME (Type)	We Rak	Lex	M.D.	Franklin	Squale	Hospital			
24/	REMOVAL (Specify)	N, 248. DATE	24C.NA	ME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City	y, lown, or county) (State)			
	Burial	2/14/6	5 Lat	keview Ceme	tery P	ort (linto	n, Ohio 305 Harford Rd			
25/	DATE REC'D BY HE	ALTH DEPT.	25B NAME C	REGISTRAR M.	25C. FUNERAL DIRECTOR		ADDRESS			
	FFR 8	8 1965 (I	about?	E' Action	Loonand Q	Ruck anc 5	305 Hartord Rd			
VS	150-REV 1/1/65				Leonaca Ja	nuch sice)-)			



on the

prior to death.

BAL	TIMORE	CITY	HEALTH	DEPART	MENT

BIR	TH NO. 65 1396			TE OF DEATH	Registered Na.	65	1396		
1. N	IAME OF DECEASED	E LEARY	POIRIER		ND HOUR OF DEATH		4:30 A.M		
0	FULL NAME OF HOSPITAL OR NSTITUTION (If not in hospital of oddress or location) 5320 READY AVENUE	YLAND		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE MD. C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTO: D. STREET ADDRESS (If rural, give location) 5320 READY AVE.					
5. 5	FEMALE WHITE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.		
don	e during most of working life, even if retired) HOUSEWIFE FATHERS NAME UNKNOWN			IRELAND 14. MOTHER'S MAIDEN NA UNKNOWN		U.S.	A.		
15. (Ye:	Was Deceased Ever in U. S. Armed Force s, no or unknown) (If yes, give wor or dotes	es? of service)	16. SOCIAL SECURITY NO. 213367911	MR. JOSEPH A.	SAME				
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused antecedent CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION lost.	dying, e.g., the diseose, deoth.)	(B) CO	terioseler sseulor ith Angia	ofic Car Disease a Pecfor	/ -	AND DEATH FYES.		
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.								
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH	?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?			location)			
MEDIO	21D. TIME (Month) (Doy) (Yeot) OF INJURY (APPROX.)	Whi	21E. INJURY OCCURED While At Work Not While At Work						
	22. I certify that (I) (this hospital) attended the deceased from TPF((19 TO to TES- 19 6V) that (I) (we) last saw the deceased alive an 19 VW- 19 6V and that in(my) (we) apinion death accurred an the date and have and from the causes stated above. (I) (W) (did at) view the bady after death.								
	23A. SIGNATURE OM. H. Cau 23C. PHYSICIAN'S	une	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGN	165		
	NAME (Type)								

town, or county)

(City.

24A. BURIAL CREMATION. 24B. REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY DATE

LOCATION

BURIAL 2/10/65
2SA. DATE REC'D BY HEALTH DEPT.
FEB 8 1965 DULANEY VALLEY MEMORIAL BALTIMORE

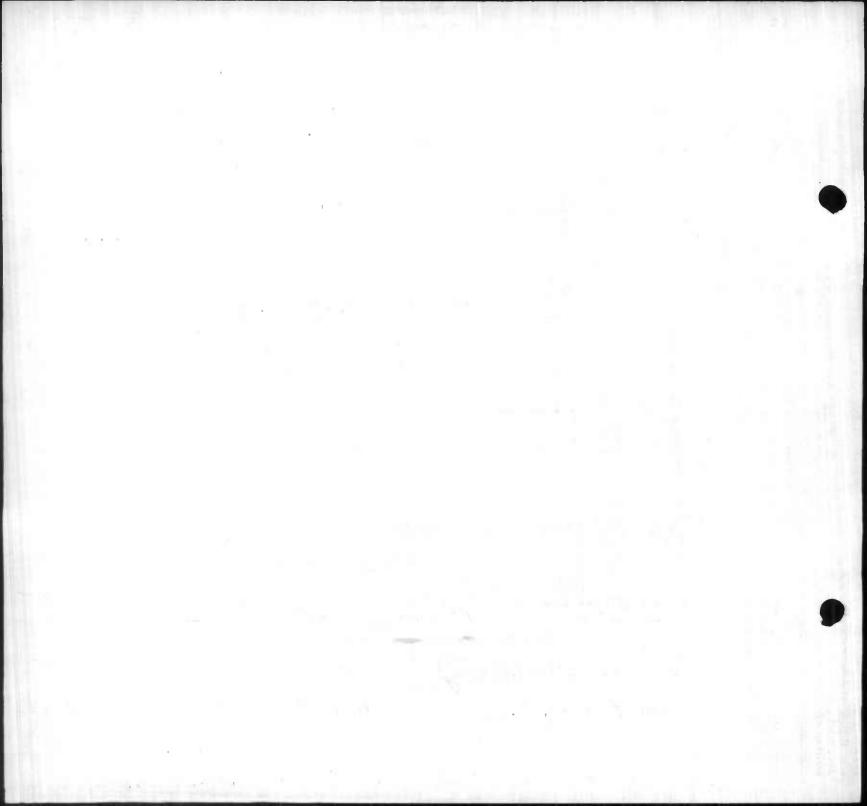
258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

LEONARD J. RUCK THE

ADDRESS

VS 150-REV. 1/1/6S

LEONARD J. RUCK, INC., BALTO, MD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

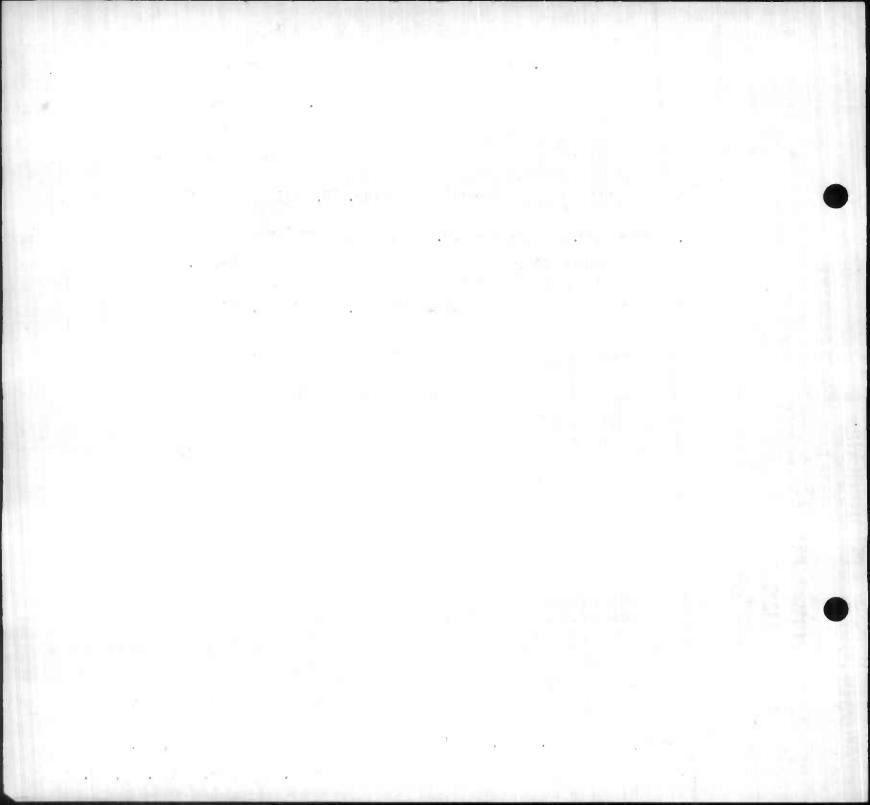
		BALTIMORE CITY	HEALTH DEPARTMENT	05	440000
	RTH NO. 65 1397	CERTIFICA	TE OF DEATH	Registered No.65	1531
1.1	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	ν.
	PLACE OF DEATH IN BALTIMORE, MARYLAND	IZABETh	M. Jebrus 4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If institu	5:55 P. M.
	FULL NAME OF (If not in hospital or institution address or location)		C. CITY OR TOWN (II outs		
A.M.	HURCH Home	1 Holaita	BALTIME	PE	
			2 9 30 132	RUICK	NUL
E	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify) LOOWED	8. DATE OF BIRTH 9 5-21-96	AGE (In years III) ost birthdoy) A B	Under 1 Yr. If Under 24 Hrs. Lonths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
0	ne during most of working life, even if retired)		m d		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	0.40 5 . 0
doi	Joseph Brown		CLArA	Reid	
15.	(Vyas Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(Ye		NONE	Edward Toulor	. In. 1725	Glen Ridge Rd.
	18. 2/ 20 / 1	CAUSE O		, , , , , , ,	INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
D	LEADING TO DEATH	n n	140chrdik	1 /	
balm	(This does not meon the mode of dying,	e.g., DUE TO	nyocardia infarctio		
	heart failure, asthenia, etc. It means the disectinjury or complication which caused death.)	ose,	NfAVETIO	N	
E	ANTECEDENT CAUSES	(R)	1		
0	DISEASES OR CONDITIONS, if ony, giv	DUE TO			
IS ar	rise to the obave cause (A) stating UNDERLYING CONDITION lost.	the (C) 1/4	PERTENS	IVE	
- a	11	die	rdio VASC FAST	200770	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING			
re the	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore Co	ity, give exoct locotion)
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
MED	(APPROX.)	While At Not While			
bta		Work At Work		2 100 100	
90	22. I certify that (I) (this hospital) attende	d the deceased from	2 - 6	9 65 to 2	- 6 19 65,
pe Pe	that (1) (we) last saw the deceased alive of	on 07 - 6 -	19 6 F ond tho	t in(my) (our) opinia	n deoth occurred on the dote
	ond haur and from the couses stated above	. (I) (We) (did) (did not) v	riew the body ofter death.		
must	23A. SIGNATURE			23	B. DATE SIGNED
	Enhrain Board	M.D. Atte	ending Med. S. Director	Stoff Phy s.	2-6-65
0	23C. PHYSICIAN'S	V	23D. ADDRESS	nys.	
DAOJddD	MANAGE (T.)			Hame d	Dring Tn)
dd	EPHRAIM B. BA	RZAGA MIL.	CHURCH	1701112 8	Horling
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME OF CEMETERY OF CR	CHURCH EMATORY 24D. LO Extery	Q / 1: City,	Manufand (Stote)
0	Burial 2/10/65	Parkwood (eme	etery	Dallmore,	marycuru
25	FEB 8 1965 Coleur ENA	LE O BESTATION	25C. FUNERAL DIRECTOR	Ruck Inc 5	305 Harford Rd
\	150 BEV 1/1/65		250.000		0



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 1	2000	BALTIMORE CIT	Y HEALTH DEPARTMENT	. /	65 1398
BIRTH NO. M.E. CASE NO.	000	CERTIFICA	TE OF DEATH	Registered Na.	70 1000
I. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print) MILT	ON J. OH	16 = 18	12/	5 /65	15:15 F. M.
3. PLACE OF DEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (W	here deseased lived. If in	stitution: residence before admission)
	in haspitol or institution, s or lacotion)	give street	Md.	Baltimo	re Balling RURAL and give township)
2	11161)17	11.		Baltimore #	34 63-00
2 5/4/1 /	405011	AL	D. STREET ADDRESS	(If rural, give location)	
			9	922 Harford	Road
5. SEX 6. RACE	7. MARRIEL	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male Whit	te widow	eb, DIVORCED (specify)	Aug. 27, 1911	lost birthdoy) 53	Months Days Hours Min.
IOA, USUAL OCCUPATION (GIVE		F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, eve Asst. Service Mg		ers Co.	Marylan		USA
13. FATHER'S NAME	A		14. MOTHER'S MAIDEN N		
Ja	ames Ohler			Mary E. C.	allahan
15. Was Deceased Ever in U. S. (Yes.no or unknown) (If yes, give	Armed Forces? wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		215-07-5088	Mrs. Caroline	M. Ohler	(Same)
18. // 0			OF DEATH		INTERVAL BETWEEN
DISEASE OR COND	MINON DIRECTLY				ONSET AND DEATH
LEADING TO		R	ite myra	201:-11	engartion
		(A) / 70	The state of the s	correction of the contraction of	
(This does not mean the heart failure, asthenia, etc.		. 00196	closery afrey	European	
injury or complication whi			1 = 0 20		
ANTECEDEN	CAUSES	(B)	SCUD		
AMILGEBEN	CAUSES	DUE TO			
DISEASES OR CONDITI					
	se to the obove couse (A) stoting the (C) JNDERLYING CONDITION lost.				
UNDERLING CONDITIO	N JOSI,				
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO T				
19A. DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES. WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UND	WAS PERFORMED	WHICH OFEKATION	2010/31: 11c3 til	IN CERTIFYING CA	
OR CONTRIBUTING CAU	ISE OF he	B. PLACE OF INJURY (e.g., me, farm, foctory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimar	e City, give exact location)
O					
OF INJURY (Month) (D	,	E. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)	W	hile At Not Wh	ile 🗍		
22. I certify that (I) (this	s haspital) attended	the deceased from T-	10.2	19 6 J ta F-	16. 5 19 G.5.
that (1) (we) last saw th	e deceased alive an	F-16.5	19 6 1 and	that in (my) (aur) api	Inian death accurred an the date
47	auses stated abave.	(I) (We) (did) (did not)	view the bady after deat	h	
23A. SIGNATURE					238, DATE SIGNED
Gerard	a and I	M.D. At	tending Med.	Stoff	3/1-165
200 81/10/21/21	J. Park	rh	ys. Director	Phy s.	12/3/00
NAME (Type)	O YPIC	18 M.D	23D. ADDRESS	HOSPITA	
24A. BURIAL CREMATION, 24B		NAME of CEMETERY OF CI	REMATORY 24D	LOCATION (C	ity, town, or county) (State)
	2/9/65 9t	nJohn's Cemet		Long Green	, Md.
1965 8 BEE	Die O Co. market	DEGISTRAR A.D	25C. FUNERAL DIRECT		
INDED O	Tralle C.	Janoen,	Leonard J. F	Ruck Inc. Bal	to. 14. Md.
VS 150-REV. 1/1/65					



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital deceased prior the IMPORTANT death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final dis was D.O.A. at a hospital (except where the physician who pronounced Also, FUNERAL DIRECTOR: examiner. the body was released to the hospital by a medical

VS 150-REV. 1/1/65

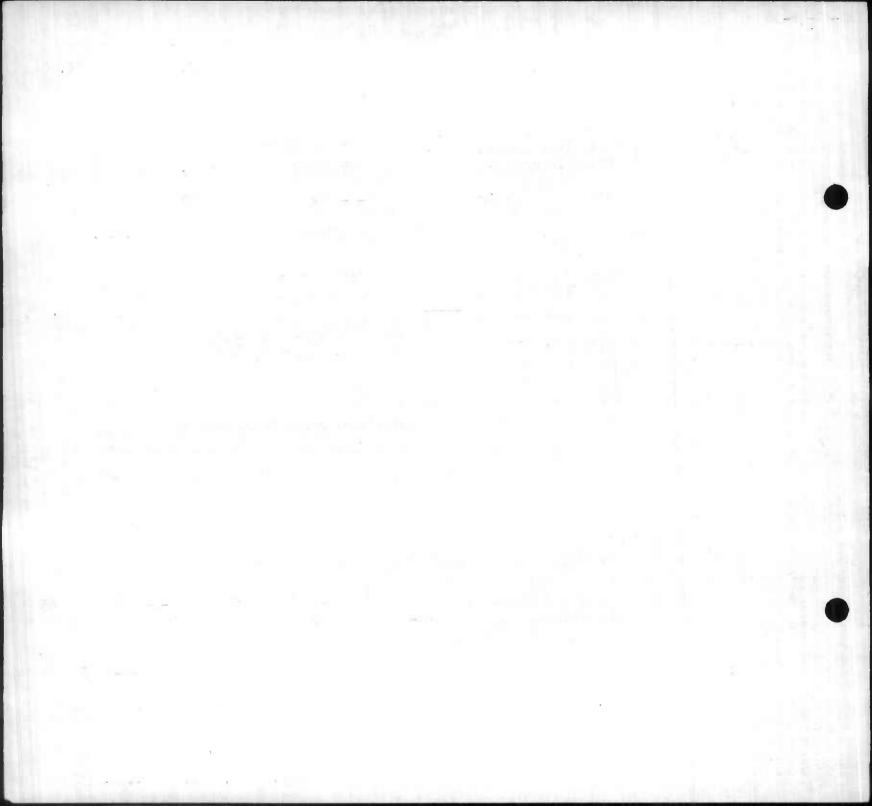
Such

death.

0

	BALTIMORE CIT	TY HEALTH DEPARTMENT		C5 4900
BIRTH NO. M.E. CASE NO.	1399 CERTIFICA	ATE OF DEATH	Registered No.	65 1399
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	,
(Type or Print) Wilhelm	mina Wilson	F	ebruary 4,1	965 10.20A
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where A. STATE B. COUN Maryland	e deceased lived. If in	nstitution: lesidence befole admissio
HOSPITAL OR oddress or location			side city limits, write	RURAL and give township)
Baltimore C:	ity Hospitals,	Baltimore		
4940 Easter	n Avenue,	D. STREET ADDRESS (IF	rural, give location)	
Baltimore, M	aryland-21224	1529 North Wol	fe Street.	21213
SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9, AGE (In years last birthday)	If Under) Yr. If Under 24 H. Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind of work	Single	9-7-1874	89°	12. CITIZEN OF
lone during most of working life, even if refired) None	IND OF BUSINESS OR INDUSTR	Maryland	gn country)	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Henry Wilson		Joann McShane		
5. Was Deceased Ever in U. S. Armed Far Yes, no ar unknown) (If yes, give war or date	ces? 16. SOCIAL SECURITY NO.	Records: BCH-49	O Eastern	ADDRESS
	400 day 400 cm 400	110 001 45 6 5011 47	to Dan tolli	n v on ac
1B. 1/2 / 17	CAUSE	of DEATH erotic Heart Dise		INTERVAL BETWEEN ONSET AND DEATH
O DISEASES OR CONDITIONS, if rise Ia Ihe above couse (A) UNDERLYING CONDITION Iasl. O THER SIGNIFICANT CONDITIONS COUST OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PERION 19A. DATE OF OPERATION 19B. CON WAS PERION 19A. DATE OF OPERATION 19B. CON WAS PERION	any, giving Soling The CONTRIBUTING Pneumonia,	eriosclerotic Hea		l week ?
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	OR IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)	, in or about 21 C, WHERE DID office bldg., INJURY OCCUR?		re City, give exact location)
21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Will At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from	2-2-	1965 to 2	2-4- 19.65
that (I) (we) last sow the decease and hour and from the causes stat	ed alive on 2-4-	1965and the	at in (my) (our) ap	inion death occurred an the d
23A. SIGNATURE	2	View the body offer deom.		23B, DATE SIGNED
en.	Cooks M.D. A	ttending Med. hys. Director	Stoff Phys.	2-4-1965
23C.PHYSICIAN'S NAME (Type) Dr.Cooke	M.E	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C			
REMOVAL (Specify) BURIAL 2/8/64				City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 8 1965 Rober	& E, tanker, Mill			AT.TO. MD. 21214

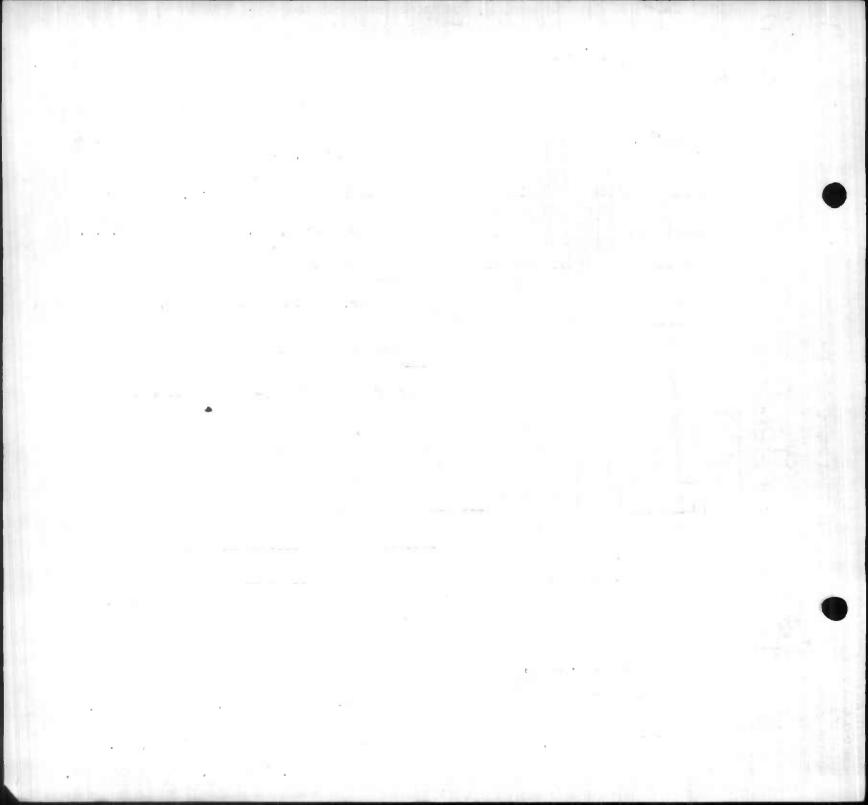
LEONARD J. RUCK, INC., BALTO, MD.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

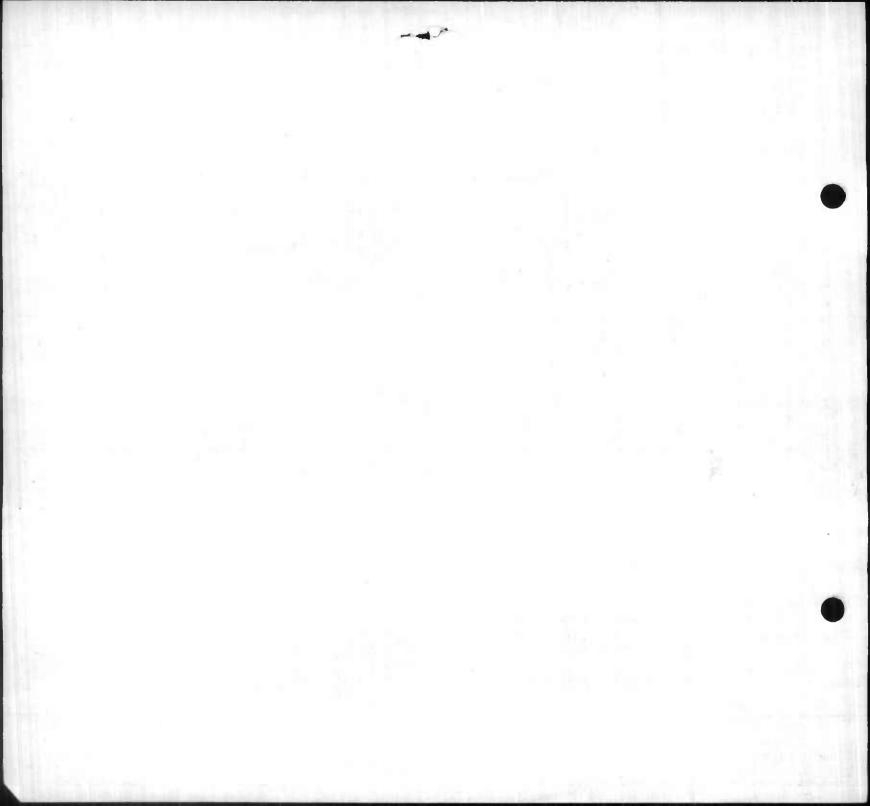
	BALTIMORE CIT	TY HEALTH DEPARTMENT	C5 1400
BIRTH NO. 65 1400	CERTIFICA	ATE OF DEATH Registered	No. 65 1400
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Lena Gritz		2. DATE AND HOUR OF D	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased live	
FULL NAME OF HOSPITAL OR Oddiess or locoffo oddiess or locoffo		Maryland	
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12/18/74 9. AGE (In year lost birthday) 90 Yrs	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) HOUSE WIFE	Own Home	Baltimore, Md,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	Own nome	14. MOTHER'S MAIDEN NAME	
Unknown Last	name Dietz	Unknown	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	ces? NO 16. SOCIAL	17. INFORMANT	ADDRESS
No	SECURITY NO. None	Mr. William Gritz 292	O E. Coldspring Lane
18. 11.0 / V I		OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIE	Br	oncho pneumonia	4 days
(This does not mean the made of heart failure, asthenia, etc. It means injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it	the disease, death.) (B) Hyp	ertensive cardio-vascular	About 15 Yrs
use Ia the abave cause (A) UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	ATED TO THE	Old Age	
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		, in or about 21C. WHERE DID (If in 8 office bldg., INJURY OCCUR?	oltimore City, give exact lacotion)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Work At Work		_
22. I certify that (I) (this hospital that (I) (we) lost sow the decease	l) attended the deceosed from No ed olive an February 5,		February 5. 1965,
and hour and from the causes sto	ted obave. (I) (We) (did) (did not)	view the body after death.	
ERNEST G. MA	RR, M.D. A	ttending Med. Staff Phys.	2/5/65
23C. PHYSICIAN'S NAME (Type)	marz M.E	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF C		(City, town, or county) (State)
Burial 2/9/65	Parkwood Ceme	tery Bal	timore, Md.
FEB 8 1965 Robert	E. Farley M. A.	Cleonard J. Ruck Inc.	5305 Harford Rd.



		BALTIMORE CITY	HEALTH DEPARTMENT	(E 4.404
	BIRTH NO. 65 1401	CERTIFICA	TE OF DEATH	Registered No.	1401
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) O'DONNELL, N	Ir. JOHN A	Jie.	b. 5 , 65	400 A M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceosed lived. If instit	ution: residence before admission)
,	FULL NAME OF (If not in hospital or institut oddress or location)	on, give street	C. CITY OR TOWN (If outs	ide city limits, write RUF	(AL ond give township)
4	MARYLAND GENE	TRAL	111-1-	N VARE ural, give location) NSDYANGE	Dr
mad	5. SEX 6. RACE 7. MARK	NEVER MARRIED	8. DATE OF BIRTH 9	, AGE (In years	f Under 1 Yr. II Under 24 Hrs. Aonths: Doys Hours Min.
on is	IDA. USUAL OCCUPATION (Give kind of work 108, KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or floreig	on country)	2. CITIZEN OF WHAT COUNTRY?
Siti	KOTYPED CYOWN COYK & SEASON		14. MOTHER'S MAIDEN NAM	NE .	U.S.A
disposition	JOHN H. O'DONN	Pell 16. SOCIAL	Annie	Develi,	n) DeuLin
final	(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	Dationt		71001110
or fi	18. 332 V	CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	P. B.	, and a land	and the	ONSET AND DEATH
embalmed	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		La Cataria	leistic th	A market
d m	injury or complication which caused death.)	(8)	D hemis	ishere:	a maria
are e	DISEASES OR CONDITIONS, if ony, gi	DUE TO		-4-6	
	rise to the above cause (A) stoting UNDERLYING CONDITION last.				
remains	II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			7001
e the	198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If in Boltimore C	ity, give exact lacotion)
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
obto	22. I certify that (I) (this hospital) attend	ed the deceased from	1-27	9 65 10 2	-5 19 65
pe	that (I) (we) lost saw the deceased alive			t in(my) (our) opinio	n death occurred on the date
must	and hour and from the couses stated above 23A. SIGNATURE	a. (I) (We) (dld) (dld not) vi	lew the body ofter deoth.	2:	BB, DATE SIGNED
n in	Doo Hun	Sotion M.D. Atter		Stoff Phy s.	Fres 5 65
approval	23C. PHYSICIAN'S NAME/Type)	SOHAL M.D.	Maryland	General	Hospital
en ap	244 BURIAL CREMATION, 248. DATE 24	New CAThe	, 0,	BALTIMOR	town, or county) (Store)
written	25A. DATE REC'D BY HEALTH DEPT. 248. N.W.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	011	ADDRESS
3	FEB 8 1985 Robert E. J		Demoid th	web In &	305 Harton

Robert

VS 150-REV. 1/1/65

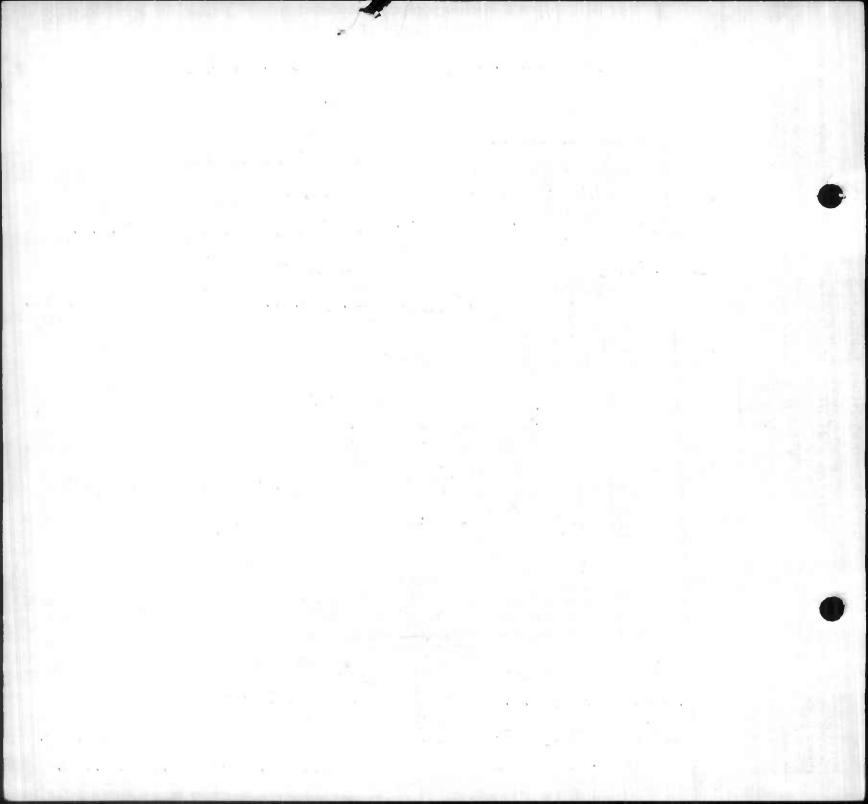


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	05 4400	
	TH NO. 65 1402	CERTIFICA	TE OF DEATH Registered N	65 1402	
1.1	E CASE NO. IAME OF DECEASED De 01 Print) Daniel	B. Fager	3. Date and Hour of DEA February 4. 1	1065 10 50 135	
3. C.F	RTIFICATE CORRECTE	4	A. STATE B. COUNTY	f institution: residence belore admission)	
	OLL NAME OF (If not in hospitol or in HOSPITAL OR oddress or location) NSTITUTION	nstitution, give street		te RURAL and give lownship)	
2	Harford Gard	dens	Baltimore D. STREET ADDRESS (If rurol, give locotion) 2920 Oakcrest A	lvenue	
5.	MATERIA CONTRACTOR OF THE PARTY	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) SEPT. 13, 1883 81	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
102	USUAL OCCUPATION (Give kind of work 10B e during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?	
12	CAR BUILDER	B & O R R	MARYLAND	U.S.A.	
130	JOSEPH FAGER		MARGARET TATUM		
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	service) 16. SOCIAL SECURITY NO.2	17. INFORMANT	ADDRESS	
		705-03-5121	MRS. CATHERINE E. LAWRENC		
	1B. 334 X 1	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH	
-	DISEASE OR CONDITION DIRECT	Cen	ebnal Arknosclerosis meralizit Antrioxlerosi	5 years	
	(This does not mean the made of dy heart failure, asthenia, etc. 11 means the	ing, e.g., DUE TO			
	injury ar camplication which caused det	a(h.)	meralis of Actalogologo	' Order.	
	ANTECEDENT CAUSES	DUE TO	Star / Variation of the Control of t	A	
	rise to the obove cause (A) sto				
	UNDERLYING CONDITION last.				
TION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED				
ERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORE	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID III in Bolhi ffice b(dg., INJURY OCCUR?	more City, give exact location)	
0	21D. TIME (Month) (Doy) (Yeo) (H	tour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
2	(APPROX)	While At Not While At Work			
	22. I certify that (1) (this haspital) as		5 Mar 19 1 7 10	3- Feb 1965	
	that (1) (we) last saw the deceased a	live on 30 Jan	1965 and that in(my) (aur)	apinion death accurred an the date	
	and have and from the causes stated	abave. (1) (We) (did) (did nat) v	riew the bady after death.		
	23A. SIGNATURE	M.D. Atte	ending Med. Stoff	23 B. DATE SIGNED	
1	R3C. PHYSICIAN'S	Phy	s. Director Phys. 23D. ADDRESS	4 tele 6 J	
	John B. DeHoff	M.D.	1701 Meridene Drive - Bal	to. 12, "d.	
24/	REMOVAL ISpecily)	24C. NAME of CEMETERY OF CRI		(City, town, or county) (Stote)	
25/	BURIAL 2/8/65	LOUDONA PARK CEME	TERY BALTIMORE.	MD. ADDRESS	
	EEB 8 1903 (1600)	. A. E. Farber M.D	Leonard J. Ruck I		
VS	150-REV. 1/1/65			0	

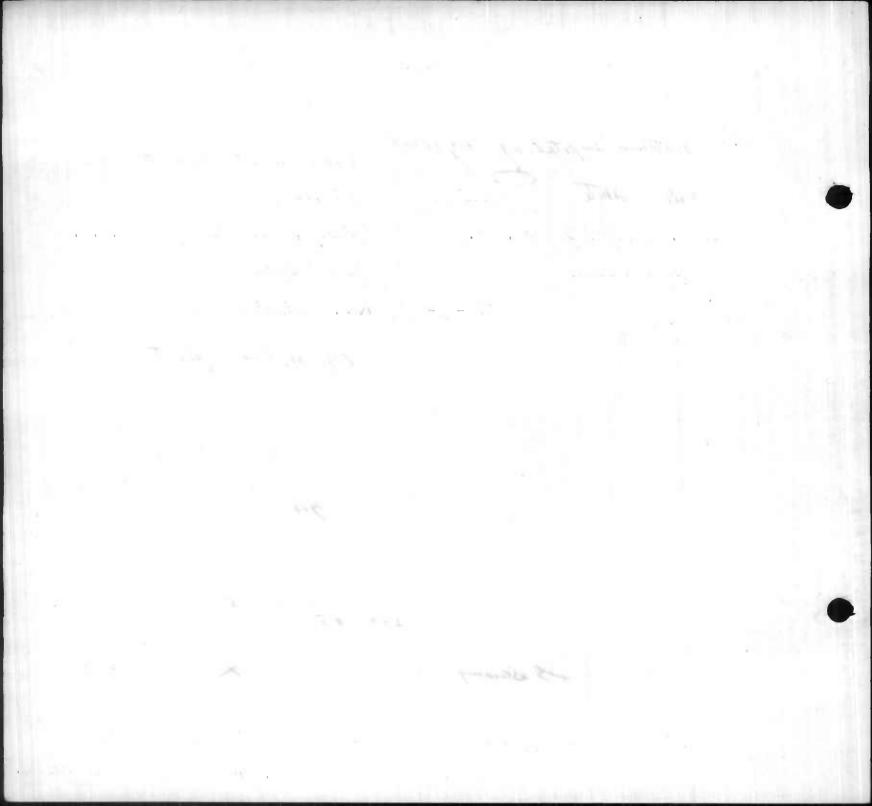
Letter from Dr. John B. DeHoff
2-18-65 M.H.

0= 4.403	BALTIMORE CIT	LTH DEPARTMENT	65 1403
ыкти но. 65 1403		ATE OF DEATH Registered No.	65 1403
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Elizabe	th M. Pfaff	Feb. 2, 1765	8 P.
3. PLACE OF DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE 8. COUNTY	stitution: residence before admission
FULL NAME OF (If not in hospital of oddress or location INSTITUTION	or institution, give street)	C. CLTY OR TOWN (If outside city limits, write I	RURAL ond give township)
Melchor Nursi	ng Home	D. STREET ADDRESS (1) rurgl, give location)	53-00
		8305 Avondale Road	
Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWEDS DIVORCED (specify)	July 16, 1885 dost bighday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) Housewife	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Ey		Mary Freiwald	
5. Was Deceased Ever in U. 3. Armed Ford Yes, no or unknown) (If yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO 212099581	Lt. Geo. T. Pfaff 43	65 Sheldon Ave.
18. 4 3. 1 9+170	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR		Of an in the same of the	2-2000
(This does not meen the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO	atherosclerous	
injury or complication which coused	deoth.)	044)	9-11-1-
. ANTECEDENT CAUSES	(8)	Whenever	
DISEASES OR CONDITIONS, if or			
UNDERLYING CONDITION lost.	sloling the (C)	***************************************	· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH SUT NOT RELA DISEASE OR CONDITION CAUSING 1	TED TO THE PARCE	nome of feart lift	18 yu.
U 194 DATE OF OPERATION 1198 CON	DITION FOR WHICH OPERATION		FINDINGS CONSIDERED
E 0 11-47	ORMED of biast	- m-	OSES OF DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)		in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At		
22. I certify that (1) (this hospital)		1947 19 to	2-2 1965
that (I) (we) lost saw the decease	/	19 65 ond that in(my) (our) opi	
ond hour and from the couses stat	ed obove. (I) (We) (did) (did-no t)	view the body ofter deoth.	
23A. SIGNATURE	M.D. A	tending Med. Stoff	23B, DATE SIGNED
23C. PHYSICIAN'S	over Ph	ys. Director Phys.	2-4-65
J. Duer Moores,	M.D. M.D	2105 Rolain Road	
24A. BURIAL CREMATION. 248. DATE REMOVAL (Specify) 2/6/65	24 Jransi United Cemetery	Wangelice to Charith	Baltimore, Md.
FEB 8 1965 Policy	258. NAME OF REGISTRAR	Leonard J. Ruck, Inc.	, Balto., Md.
VS 150-REV 1/1/65			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

4.40.4	BALTIMORE CITY	Y HEALTH DEPARTMENT		CE 4.40.4
витн но. 65 1404	CERTIFICA	TE OF DEATH	Registered Na.	65 1404
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE ANI	D HOUR OF DEATH	
(Type or Print) JOHNSON - JO. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	NAS. George		2-7.65	915 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If is	nstitution: residence befare odmission)
FULL NAME OF (If not in hospital or instit address or location)	ution, give street	C. CITY OR TOWN Ill auts	side city limits, write	RURAL and give township)
1 1 4	1 0 1	Ballimar		
Lutheran Hospital.			nt Club	LA.
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs. Manths: Days Haurs Min.
Male While	married	May 13,1894	ast birthday	
10A, USUAL OCCUPATION (Give kind of work 10B, KIII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Pres. Readybuilt Proc	d. Co.	Chicago, Il	linoia	U.S.A.
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	AE	
Alfred Johnson		Anna Johnson	2	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na arunknown)(If yes, give wor or dates of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or unknown, in yes, give wor or doles of ser	SECURITY NO.	M. Chains	· O - h	4000
	210-05-3434	Nrs. (nrist	ine Johnso	on same
18.420.11	CAUSE	DE DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		Mocarolu	, '1	
LEADING TO DEATH	(A)	Maranalu	Il in tage	Times
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	10000		1-31-65
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			7/
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the above couse (A) stoting				2-7,65.
UNDERLYING CONDITION lost.		2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
2 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		yes.	IN CERTIFYING CA	
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C, WHERE DID	(If in Baltimar	e City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street, o	office bldg., INJURY OCCUR?		o chiji grad dida kacaman
O	6160			
OF INJURY (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
₹ (APPROX)	While At Not Whi	le		
	Work At Wark			
22. 1 certify that (1) (this haspital) atten	ided the deceased fram		9 6-5 10	2-7-19-65.
that (I) (we) last saw the deceased alive	e an	_ > 19.6.5 and the	at In(my) (aur) api	inian death accurred an the date
and hour and from the causes stated abo				
23A. SIGNATURE	(1) (110) (010) (010 1101)	view the body offer deom.		DATE SIGNED
23A. SIGNATURE	//	and and and	S42	23 B. DATE SIGNED
3 4	Grams M.D. Att	lending Med. Director	Stoff Phys.	2-7-65
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) SIROOS GERAN	Œ M.D.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR			ity, tawn, ar cauntyl (State)
Burial 2/10/65	Parkwood (em	etery Ba	ltimore, /	Naryland
	AME OF REGISTRAR	TOSC FUNISHAL DIFFEREN		1238.004
	7 / 4	1-05-10	Rich One	5305 Harford Rd
FEB 8 1965 (12 Centre)	tarben M.D.	Leonara y	MUCR SILC	Joy Haryona Ma
VS 150-REV. 1/1/65			1	



6.	5 141	UU	В	ALTIMORE CITY HEAL	TH DEPART	MENT		2,5	1405
BIRTH NO.		MEDI	CAL EX	AMINER'S C	ERTIFIC	CATE OF D	EATH Registe	red Na	11110
M.E. CASE NO.									
1. NAME OF DEC							HOUR PRONOUNC	ED DEAD	/ ==
(17pc of 1111)	LC	DUIS D	RINKS				ry 7, 1965		4:15a _{M.}
3. PLACE IN BALT	TIMORE, MARY	LAND, WI	HERE PRONOU	NCED DEAD	4. USUAL A. STATE	RESIDENCE (Where d	eceased lived. If inst B. COL	itution; residenc J NTY	e before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Maryland C. CITY OR TOWN (If outside corporate limits, with RURAL and give togenship) Baltimore				ve to enship)	
1					D. STREET	ADDRESS (If rural,	give locotion)	. , .	7
1	6116	Bela	ir Road			6116 Belair	Road		
5. SEX	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years last birthday)	Manths Day	r. If Under 24 Hrs. s Haurs Min.
male	white		wide	/	June !	14. 1876	88		
IOA, USUAL OCC	UPATION (Give	kind of work		BUSINESS OR INDUSTR		ACE (State or foreign		12. CITIZEN	OF OUNTRY?
done during most of	working life, gver	if retired)			Rolt	imana Ma	nuland	WHAT C	GUNTRY!
13. FATHER'S NAM	(redit	THOTE	igen		14. MOTHE	imore, Ma	regressed	0,50	
en	A . 1				Loui	10			
15, WAS DECEASI	Drinks		FORCES?	16. SOCIAL	17. INFORM			ADDRESS	
(Yes, no or unknown				SECURITY NO.	4.	CA A	0 . 1	-	
					Mr. (devin L.	Drinks,	9107 5	mith Ave.
1B. , ,	- 1			CAUS	OF DEAT	1			ERVAL BETWEEN
DISEASES RISE TO THE UN DERLYI OTHER SIG	e, osthenio, etc. complication whice ANTECENDEN OR CONDITION HE ABOVE CAN NG CONDITION II SINIFICANT CO DEATH BUT OR CONDITION R CONDITION	IT CAUSE ONS, IF A USE (A) ST ON LAST,	S NY, GIVING TATING THE						
19A. DATE O	F OPERATION	198. CON		WHICH OPERATION	20A. AU		208. IF YES, WERE FI		
_ 1 & d					N				
UNDERLYING UTING CAL	OR CONTRIB	-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., I	NJURY OCCUR?	It in Boltimore City, g	ive exoct lacati	on)
E 21D TIME	(Month) (D	loy) (Yea	r) (Haur) 2	1E. INJURY OCCURRED	2	IF. HOW DID INJU	RY OCCUR?		
(APPROX.)			V	WHILE AT NOT	WHILE				
ACTUA SIGNAT	L TURENER'S	oturol)ca	nquiry uses A	Inspection X Au Accident Suicio	de H CHI		Indetermined mann	er 🗌	DATE SIGNED
23A, BURIAL CR	(Type) Rud			C. NAME OF CEMETERY	Or CREAMATO	RY 23D 14	OCATION (City	, tawn, or coun	ty) (Stote)
REMOVAL (Speci	al 2/	110/6	5	Parkwood (Baltimore		
24A. DATE REC'E	D BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR	24C. I	UNERAL DIRECTOR		ADD	KE22
FEB 8		Polo	E.38	Carber M.A	Le	onard J.	Ruck Inc	5305 t	larford Ra
VS 151-REV. 1/1	/65					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

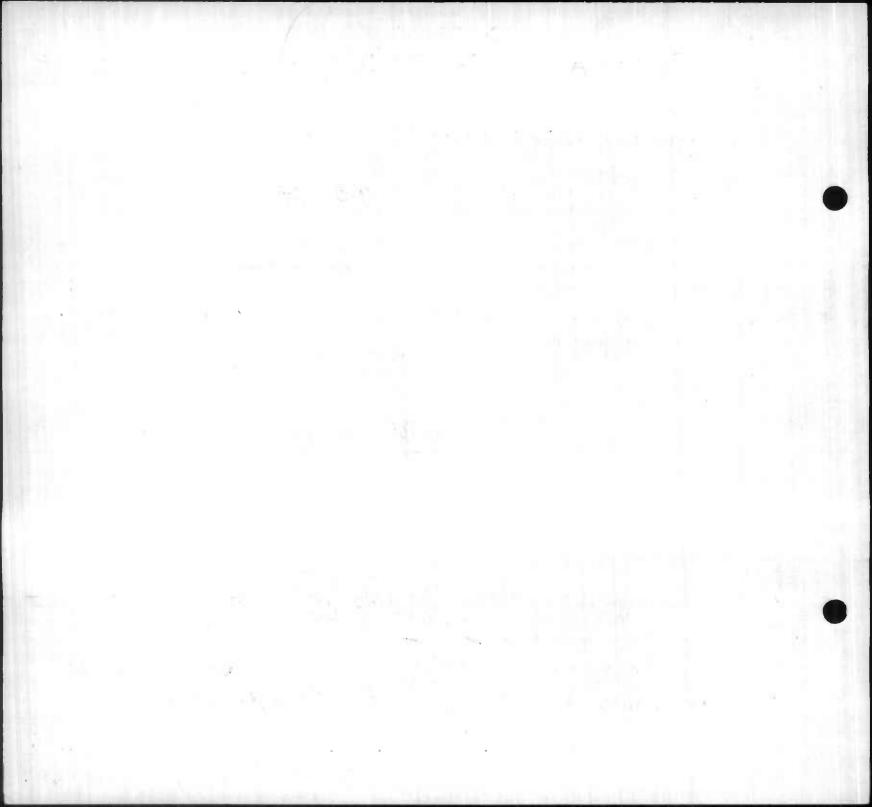
LESSES DE LESSES DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI

65-02659 1406	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 140C
BIRTH NO.	Albert MANG	TE OF DEATH	Registered No	65 1406
			HOUR OF DEATH	
(Type or Print) MANGELS	Balay Ba		2/6/65	18.45 P
. PLACE OF DEATH IN BALTIMORE, MARYL	AND!	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institu	tion: rasidence before admission
FULL NAME OF (If not in haspital or in	nstitution, give street	Md	27	-06
HOSPITAL OR oddress or location) INSTITUTION			le city limits, write RUR	AL and give township)
Church Home	& Horn.	D. STREET ADDRESS (If rure	al, give location)	
Cran di		2 90 gg W	lis Q.	0
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)		AGE (In years If birthday)	Under 1 Yr. If Under 24 Hrs onths: Days Hours Min.
Male white	SINGLE	2/4/62		4-5
OA, USUAL OCCUPATION (Give kind of work 101 lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR			WHAT COUNTER
child		15.000	ad,	USH
3. FATHERS NAMELICAN A.	Marcale Co.	14. MOTHER'S MAIDEN NAME	Watson	
		Carun	00 4050	
5. Was Deceased Ever in U. S. Armed Forces' Yes,no ar unknown) (If yes, give war ar dates a	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	0 11	ADDRESS
		MR. WilliAM	H. MANGE 1.	S.JR. JAM
18. 0/63,5		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	,0 ,- 00	0	
(This does not mean the made of dy	ing, e.g., DUE TO	: latial Promones bodetion	Must Bry	
heart failure, asthenia, etc. It means the injury or complication which caused de	disease,	ours hidetis		1.00 1.11.71
ANTECEDENT CAUSES	1900 5	x Tension	Nesmatis	le
DISEASES OR CONDITIONS, if any	giving			
rise to the above cause (A) structure UNDERLYING CONDITION tast.		rematurity		•
		g		
OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDIT	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	OINGS CONSIDERED S OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C WHERE DID	Itt in Boltimasa Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, (etc.)	office bldg., INJURY OCCUR?	tir in ballimore Ci	ry, give exact laconon
<u> </u>		215 How are mine		
OF INJURY	While At Not Whi	21 F. HOW DID INJUR	ry OCCUR?	
(APPROX.)	Wark At Wark			
22. I certify that (I) (this haspital) o	1 - 1	2/4/65 19	to	G/EJ 19
that (I) (we) last saw the deceased of	live on 2 [6 [6	19 and that	in (my) (our) opinion	n death occurred on the do
and hour and from the couses stated	obove. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE			23	B. DATE SIGNED
Chutome Car	M.D. At	rending Med. St. Director Ph	off ny s.	2/8/65
23C. PHYSICIAN'S NAME (Type)	8	23D. ADDRESS	0	1
ANTOINE AR	RAGE M.D.	Charch 1	Home &	Hosp.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE	EMATORY 24D. LOC	CATION (City, I	awn, ar county) (State)
BuriA1 2/8/65	ST. THOMAS	Cem. GAR	CRISON FO.	ResTi Md
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 5305
1965 (12 Carb	E. FarkeyMA	LEONARd	J Ruck	INC HARFOR

Bours, "L" Literac A. pages 3-14 2 7 2 2 Francis I While Carray 1. 12 % ANTONIA ARREST CLASS SWITCH

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

4.01*1	BALTIMORE CITY	HEALTH DEPARTMENT	C5 4407
BIRTH NO. 65 1407 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered	Na. 65 1407
1. NAME OF DECEASED (Type of DERTHAN.	STRAWBRI	DGE 2-3-65	ATH 440 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
THE MANY OF METALS IN CONTRACT TO SERVICE AND ADDRESS OF THE PARTY OF	Man and a second	Maryland Harford	et a
FULL NAME OF (If not in hospital or institu			vrite RURAL and give township)
INSTITUTION TO SELECTION	VAL. HOME	Pvlesville	(02-00
OFNIURXCON	V 71	D. STREET ADDRESS (If rurol, give location	1)
5. SEX 6. RACE 7. MAF	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	dowed	4-7-1887 80	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		25	
Housewife Ov	n Home	Maryland 14. MOTHER'S MAIDEN NAME	USA
George Harrison		Jane Hitchcock	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		Hanny Straubnidge D	wleswille Md
18.	None	Harry Strawbridge, P	YIESVILLE, MIG.
HONORI	CAUSE O	DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca	dia Massilla A	70 0 0
(This does not mean the mode of dying,	(A) COCO	The - respective /	arefre
heart failure, asthenio, etc. It meons the dis		nees wie Heart to	alling
injury or complication which caused deoth.)	9.	L	11 1
ANTECEDENT CAUSES	DUE TO	rusework C	
DISEASES OR CONDITIONS, il any, g		ullinson's Diseas	
rise to the obove couse (A) stoting	the (C)	realized Certuros	deares
UNDERLYING CONDITION lost.		3	
_			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
		Ewi	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	FRE FINDINGS CONSIDERED CAUSES OF DEATH?
		NO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of	or about 21 C. WHERE DID (II in Bol	timore City, give exact location)
DEATH (notify medical examiner)	etc.)		
D 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF HAJORI	While At Not While		
(APPROX.)	Work At Work		
22. I certify that (I) (this haspital) atten-	ded the deceased from	10V 11 1963 10 F	PB 3 1965.
that (1) (we) last saw the deceased alive	an FEB 3	19 65 and that in (my) (our	apinian death accurred an the date
and haur and from the causes stated aba	Aet (1) Mess (agg) (abblestor) A	iew ine bady affer death.	DOD DATE SIGNED
CONSIGNATURE OF A LAD	de dans	nding - Med - State -	23B, DATE SIGNED
filliano cepta	Phy	minding Med. Stolf Phys. Phys.	2/3/60
23C. PHYSICIAN'S		23D. ADDRESS	0 /
WILLIAMO ADPLE	PEZI) M.D.	5901 Kark Height	VIV-
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial Feb. 6, 65	St. Paul Meth	. Cem. Pylesville	Harford Co Md.
25A. DATE REC'D BY HEALTH, DEPT. 25B. NA	ME OF REGISTRAR	Cem. Pylesville	, Harford Co., Md.
FFR 8 1985 (0 . 4 8 5	table Hill	18 1 DE 10 1)
TED O 1000 UBORN 41		Munici Mixubin	Stewartstown, Pa.
VS 150-REV. 1/1/65			/



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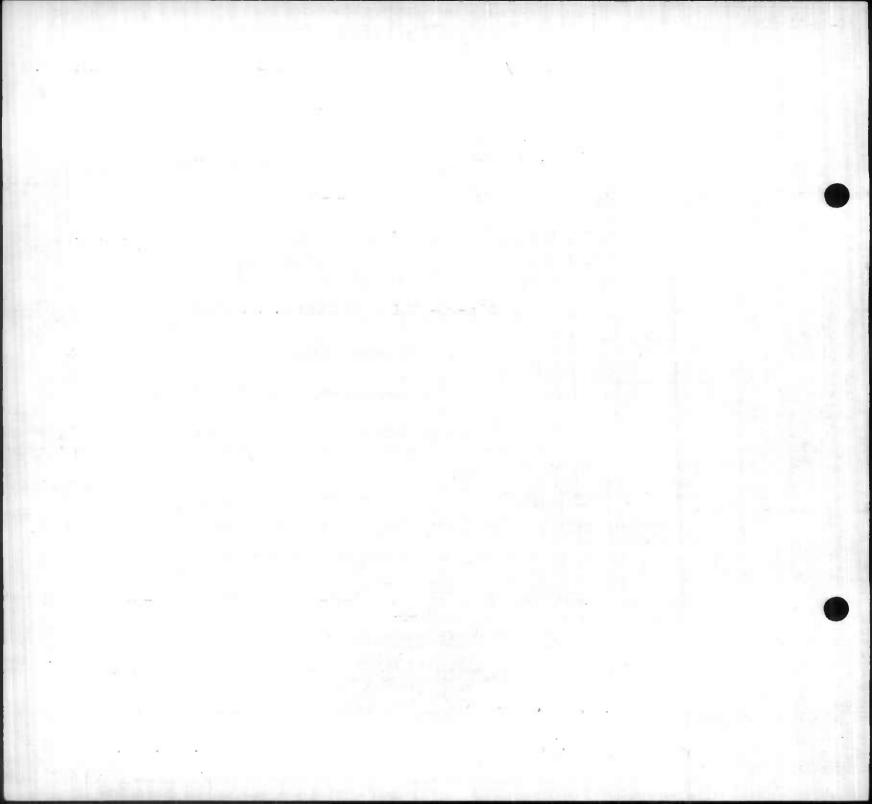
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shows: (1) was D.O. eceased

the body was released

BALTIMORE CITY HEALTH DEPARTMENT 1408 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. OLIVER 2. DATE AND HOUR OF DEATH (Type or Print) 11:50 P. M. 2-3 Joseph Magee -65 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY FULL NAME OF (If not in hospital ar institution, give street Maryland HOSPITAL OR address or location) C. CITY OR TOWN limits, Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 1723 South Rappolla Street 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years lost birthday) 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 74 Married 11-7-90 White 12, CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired) GENERAL CONSTR. Maryland
14. MOTHERS MAIDEN NAME U.S.A 13. FATHER'S NAME ROBERTJ. MAGEE MARY ROBERTS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. NO RECORDS: B.C.H. 4940 Eastern Avenue 03-33/12 INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Embolus 48 Hours (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) Arteriosclerotic Vascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Wark At Wark 65 10 22. I certify that (1) (this hospital) attended the deceased from 2-3-19 65 that (1) (we) last saw the deceased alive on.... ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Director 23C. PHYSICIAN'S 23D. ADDRESS M.D. M. Schuster 4940 Eastern Avenue 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify)

25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65



and

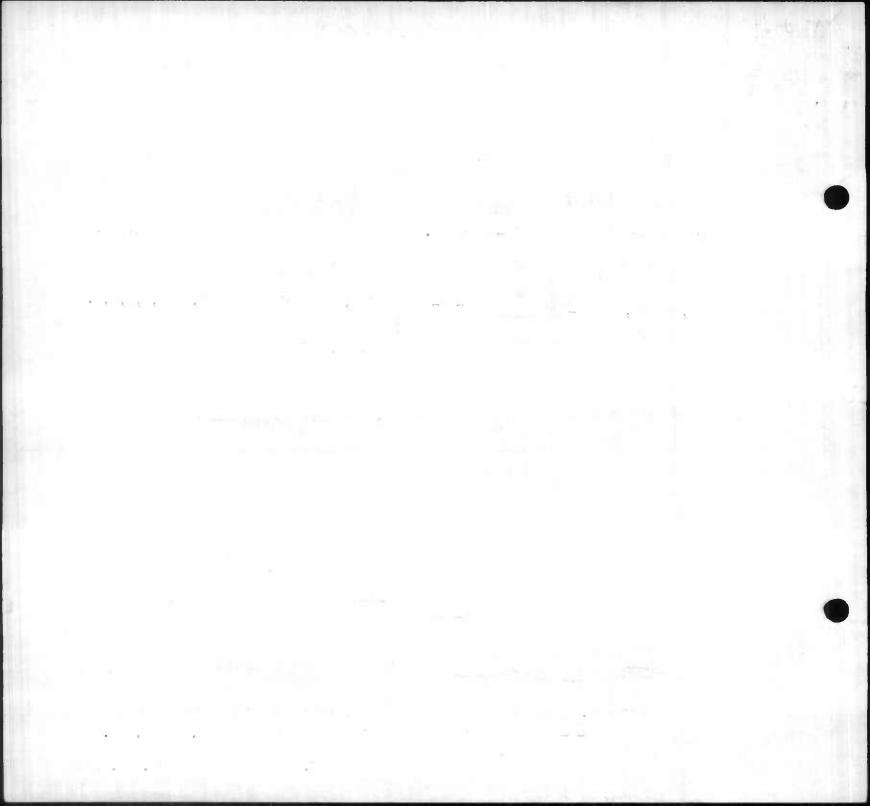
a hospital.

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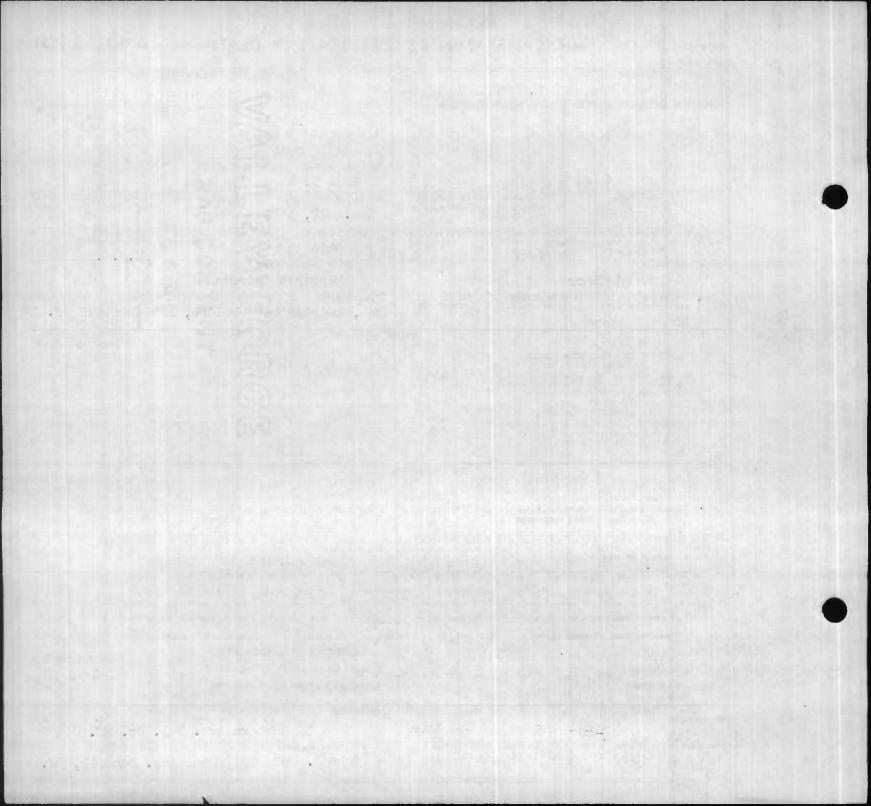
			BALTIMORE CITY	HEALTH	DEPARTMENT		65 1409
	No. 65 1409	3	X CERTIFICA	TE O	F DEATH	Registered Na.	n3 1403
1, NA	CASE NO. ME OF DECEASED			2. DATE AN	ID HOUR OF DEATH		
Туре	pe or Print) Calvin McFaul				1:	00 PM 2-4-	-65
3, PL	ACE OF DEATH IN BALTIMORE, MARY	YLAND		4. USUA A, STATE	L RESIDENCE (When	re deceased lived. If in	stitution; residence before admissi
H	ULL NAME OF (If not in hospital or oddress or location)	r institution,	give street	C. CITY	lary and	tside city limits, write 1	RURAL ond give township)
IN		11.		k	altimore	9	53-00
71	ne Johns Hopidins	1103	ATAL	D. STREE	O.S S	rurol, give locotion)	Rd.
S. SE	Hade lall'to		NEVER MARRIED D. DIVORGED (specify)	8. DATE		9, AGE (In years lost birthdoy) 50	If Under 1 Yr. If Under 24 H Months Days Hours Min.
done	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired) re drawer		F BUSINESS OR INDUSTRY	11. BIRTH	Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ATHER'S NAME	TIG TOTAL	recta con	14 MAOT	TER'S MAIDEN NA	AA F	
30 F	william Me I	Faul		14. 70.01		Benton	
IS. W	Vos Deceosed Ever in U. S. Armed Force	es?	1 6. SOCIAL	17, INFO	MANT		ADDRESS
	no or unknown) (If yes, give wor or dotes		214-05-3975	Wife,	Katherine	Mc Faul, #	4,a,b,c,d.
	es. Navy. 1940-1942	۵	CAUSE C	OF DEATH			INTERVAL BETWEEN
	100X						ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CILI					
	(A) Gastrointestinal Hemorrhage						
	heart failure, asthenia, etc. II meons I	the diseose		ith s	hock		
	injury at complication which caused	dealh.)					
	ANTECEDENT CAUSES		(B)				
	DISEASES OR CONDITIONS, if o	ny, giving		enel	Call Ada	nocarcinon	20
	risa to the above cause (A)	slaling the	(C)	CHAL	CCIT AMC	IN) Cal CIII)	ica
	UNDERLYING CONDITION last.						
-	11						
0	TO THE DEATH BUT NOT RELAT						
A	DISEASE OR CONDITION CAUSING IT.			100			
RTIFICATION	19A. DATE OF OPERATION 19B. COND		WHICH OPERATION	20 A. X	CUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	211 hor etc	B. PLACE OF INJURY (e.g., ne, form, factory, street, c.)	in or about office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Soltimon	e City, give exect location)
DIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?	
5	OF INJURY (APPROX.)	Wi	hile At Not Whi	le			
	22. I certify that (1) (this hospital)	attended	the deceased from 2	-1-6		19 ta 2-	4-65 19
	that (I) (we) last sow the deceased	l alius es	2-4-65				nion death accurred on the
- 1						iot in (iny) (doi) dpi	mon death accorred on the
	ond haur ond fram the causes state	ed abave. (1) (We) (did) (did nat)	view the	oody after death.		
1	23A. SIGNATURE						238. DATE SIGNED
	(\$1000)	Loka	M.D. Att	tending	Med. Director	Stof X X X	2-4-65
	23C. PHYSICIAN'S	70 100	1	23 D. ADD			
	NAME (Type)						
	Steve I. Joh	nson	M.D.		ohne Hon	kine Hoeni	tol
24A.	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CR	REMATORY	246.5	kins, Hospi	the contract of the contract o
	2-8-196	65 Ba	altimore Natio	nal	Erede	erick Rd. Ba	lto. Md.
254	Burial	OSB NAME	OF REGISTRAR	0.00	TIMERAL DIRECTO		ADDRESS
23A	DATE REC'D BY HEALTH DEPT.			JO.	UNERAL DIRECTOR	7922 Wise !	ve. Md. 21222
100	LRX TURN (12 17. Tr	> ATOLA	View MAR	00	The Dura	1 /~~ MTDG &	FACA LINES

258, NAME OF REGISTRAR

8 1965 B VS 150-REV. 1/1/65



VS 151-REV. 1/1/65



23C, NAME of CEMETERY or CREMATORY

Meadowridge Memorial

248 NAME OF REGISTRAR

E tarker Mil

23D. LOCATION

(State)

(City, town, or county)

Washington Blvd. Dorsey, Md.

John J. Duda 7922 Wise Ave. Md. 21222



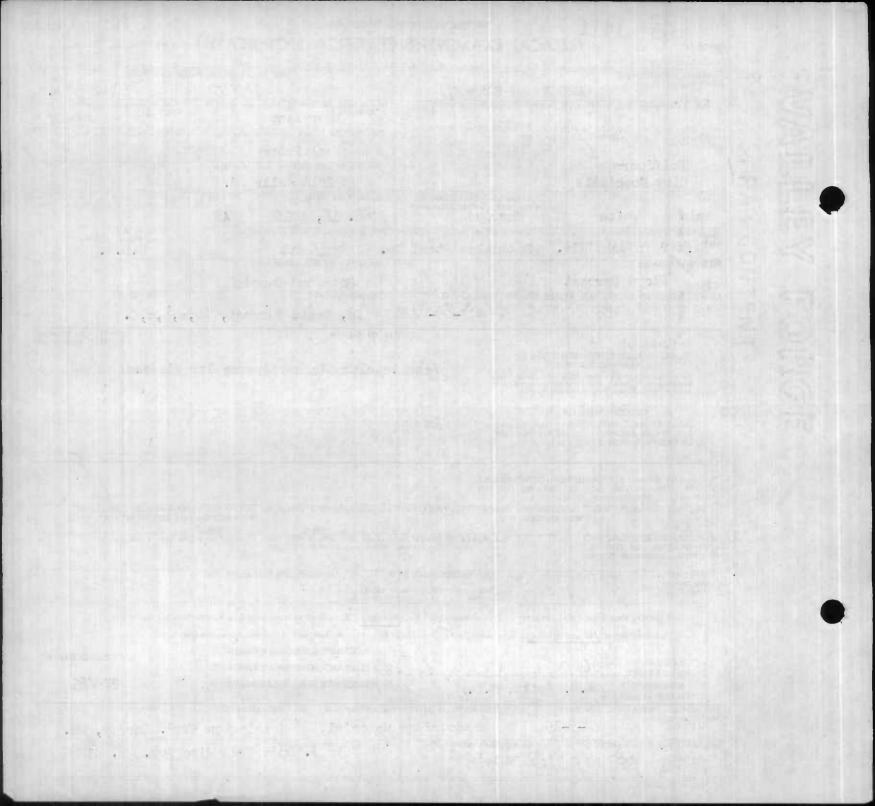
23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

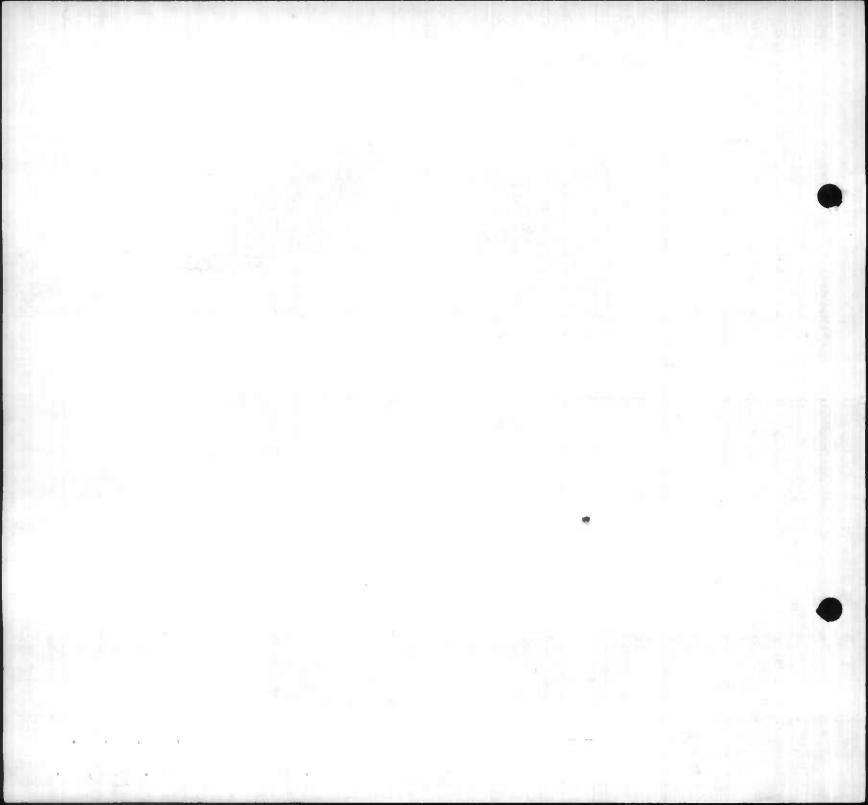
REMOVAL (Specify)

VS 151-REV. 1/1/65

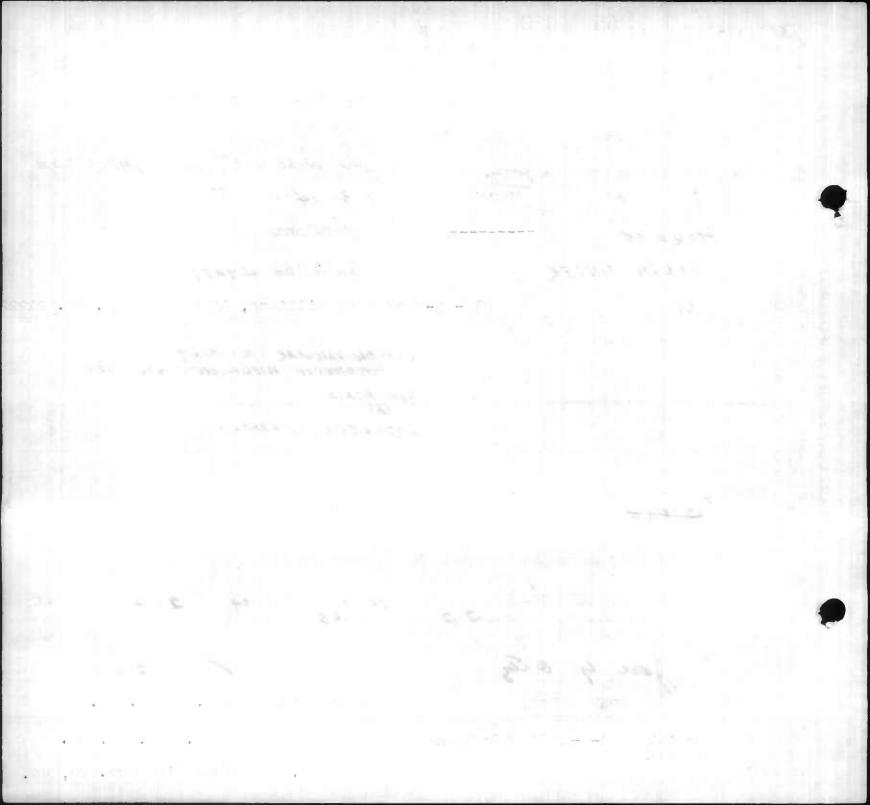
23B. DATE



65 1412	BALTIMORE CITY	Y HEALTH DEPARTMENT		CE 4.449
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	65 1412
M.E. CASE NO.		2. DATE ANI	D HOUR OF DEATH	11-
(Type or Print) GEORGE D. G	iriffiths.	Feb	ruany 5,	1965 8 B. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before (mission)
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland	Bal	timere
HOSPITAL OR oddress gr location) (INSTITUTION Page 2 P. Dennis a l Norbital		C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore — Luniak D. STREET ADDRESS. (If rural, give location)		
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wark 10B, K) dane during most fit working life, even if retired)	tousalum. Co.	Pennsylva	nca	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Griffithe		14. MOTHER'S MAIDEN NAM	il all	
15. Was Deceased Ever in U. S. Afrined Farces? (Yes, no ar unknawn)(If yes, give wor or dates af se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No No	217-01-403	Sans Orlas	Gulfit	6 planting
18. 2 2 7 V I	CAUSE	OF DEATH	77-	INTERVAL/BETWEEN
DISEASE OR CONDITION DIRECTLY		2+		ONSET AND DEATH
LEADING TO DEATH	(A) - 7	brain luma	<u>v</u>	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	seose,		9	
injury or complication which caused death.	(8)	CUA & NO	spirator	
ANTECEDENT CAUSES	DUE TO	asioni la	dure 6	
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stoling	•			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT,	BUTING TO THE			un balan
U 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct location)
Q 21D, TIME (Month) (Day) (Year) (House	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Nat Whi		. —	
22. I certify that (I) (this hospital) atter		January no 1	065 10 9	TIB 5 196J.
that (I) (we) last saw the deceased aliv		19 GJ and the	it in (my) (aur) oni	nian death accurred an the date
and haur and fram the causes stated abo	/		The state of the s	200711 00001100 dil 1110 dule
23A. SIGNATURE	THE CONTRACT	The body drief dediffs		23B. PATE SIGNED
Allera G. Valle	M.D. Att	ending Med.	Stoff Phy s.	February 5 190
23C. PHYSICIAN'S	111	23D. ADDRESS	D ₁ A	21 11 11
NANIEVA G. VALI	E M.D.	Haryland	Teneral	Hospital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Ci	ity, tawn, ar county) (State)
Burial 2-9-1965	Gardens of Faith			Bal. Co. Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 8 1965 (120, 6-8.	Farber Mill		7922 Wise A	ve. 21222, Md.
VS 150-REV. 1/1/65		4		



	65 1	142 1	ITY HEALTH DEPARTMENT	Destar over I Ma	65 1413	
A.E. CASE NO.		CERTIFIC	ATE OF DEATH	Kegistered No.	70 1110	
NAME OF DE	CEASED	1/4 - 1	2. DATE A	ND HOUR OF DEATH	~~	
C C	OPNEUA	HODGES	2- 4	-65	1/2:07 P.M	
PLACE OF D	EATH IN BALTIMORE, A	AARYLAND	4. USUAL RESIDENCE (Wh	ere deceased lived. If it	nstitution: residence belore odmissian)	
FILL NAME	OF III and in hornit	ial as inclination and start	Maryland	Baltimo		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				C. CITY OR TOWN (If outside city limits, write RURAL ond give township)		
CHURCH HOME AND HOSPITAL		Dundalk				
Charle Home AND MOSE! I'm			D. STREET ADDRESS (I	D. STREET ADDRESS (If rurol, give location)		
			· · · · · · · · · · · · · · · · · · ·		To., MD. 2/222	
SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In vents	If Under 1 Yr. If Under 24 Hrs.	
F	W	Married (specify)	1-3-14	lost binhday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		ork 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or lor	eign country)	12. CITZEN OF	
	I working lile, even if relired		Maryland	W.C.A.	WHAT COUNTRY?	
HOUSE WIFE 3. FATHERS NAME			14. MOTHER'S MAIDEN NA		4.5.	
HENA	ey MILLEN	5	AMANDA	WYATT		
. Was Deceose es, no or unknow	od Ever in U, S. Armed on or d	Forces? otes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT.		ADDRESS	
NO			6 Helen William	ns, 1934 B	arry Rd. Md. 212	
18. 44	43X9F3	X/,/ CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEA	ASE OR CONDITION I	DIRECTLY			ONSET AND DEATH	
	LEADING TO DEAT	H (A) CE	PEBRO-VASCULAR	ACCIDENT		
	not mean the made , asthenia, etc. It mea	of dying, e.g., DUE TO	PEBRO-VASCULAR HYPERTENSIVE AL	TERINGLEGERC	HEART DISFASE	
	implication which caus		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	
	ANTECEDENT CAUS	ES (B) PN	EU HONIA	*******		
DISEASES	OR CONDITIONS, i	I any giving	6/			
rise la l	he above cause (A	A) stating the (C) LA	ENNECS CIRK	240SIS		
UNDERLYIN	IG CONDITION last.					
	- 11					
	NIFICANT CONDITIONS DEATH BUT NOT RE					
	R CONDITION CAUSING	3 IT.				
ASA. DATE C		ONDITION FOR WHICH OPERATION ERFORMED	NO NO	10) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCID	ENT WAS UNDERLYING		, in or about 21C. WHERE DID	(If in Bo)timor	e City, give exact location)	
OR CONTRIE	SUTING CAUSE OF (y medical examiner)		office bldg., INJURY OCCUR?			
21D. TIME	(Month) (Day) (Yes	(Hour) 23 E IN III BY OCCUPRED	DIE HOW DID IN	HIRV OCCUPS		
OF INJURY			21F. HOW DID IN	JURY OCCUR!		
(APPROX.)		While At Not W	ork			
22. I certif	v that (1) (this haspit	tal) attended the deceased fram	12-1	1964 10 2	-2 1965	
		sed alive an 2-2			17	
					nion death accurred on the da	
		tated abave. (I) (We) (did) (dld nat) view the bady after death.			
23A. SIGNAT	URE	25.		/	238. DATE SIGNED	
1	ose 9		Attending Med. Director	Stoff Phys.	2-2-65	
23 C. PHY SYCI	ANS		230. ADDRESS			
NAME		RTIZ M.	o. Church Home	& Hosp. Re	Ito. Md-	
(A BURNAL CO						
AA. BURIAL CR REMOVAL	EMATION, 248. DATE (Specify)	24C. NAME of CEMETERY OF	CREMATORY 240.	LOCATION (C	ily, town, or county) (Stote)	
Buria.		965 Oak Lawn	East	ern Ave. E	Bal. Co. Md.	
A DATE DEC'I	D BY HEALTH DEPT.		25C. FUNERAL DIRECTO		ADDRESS	
M. DAIL REC						
EER &	1965 A D. A	TE Jarber A.M		DA 7022 W4		
FEB 8	1965 Robert	258. NAME OF REGISTRAR		DA 7922 W1	se Ave. 22, Md	



contributing death 10 direct assistant if IMPORTANT if the Also, DIRECTOR: examiner examiner. medical FUNERAL chief 0 the hospital by

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ospital (except where the physicia death); and (6) No physician was

kind;

of

(3) A fracture

burns;

(2) Body

any nature;

accident of hospital

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deceased prior

the body was released shows: (1) An accident o was D.O.A. at a hospite

approved

certificate

to the

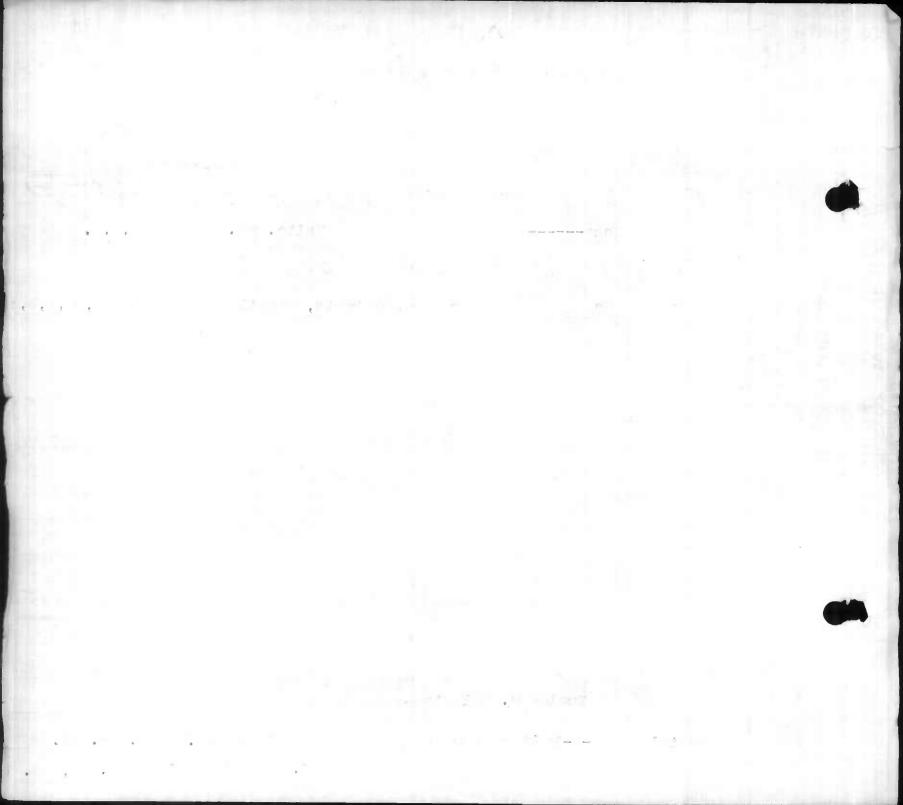
deceased

the

(4) Undetermined cause; (5)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 FICATE OF DEATH M.E. CASE NO DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where decesed A, STATE B, COUNTY lived. It institution: residence before edmission 3, PLACE OF DEATH IN FULL NAME OF HOSPITAL OR INSTITUTION (If not in hespital ar institution, give street address er lecetien) (If autside city limits, write RURAL end give tewnship) sed prior made. D. STREET ADDRESS 9. AGE (In yeers If Under 1 Yr, If Under 24 Hrs. MARRED, NEVER MARRIED 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (specify) lest birthdey mr day 12, CITIZEN OF 10A. USUAL OCCUPATION (Give kind al werk 10B, KIND OF BUSINESS OR INDUSTRY 1). SIRTHPLACE (State WHAT COUNTRY? isposition dane during mest et werking lite, even if retired) Balto. Md. None---U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jenzi J. S. Armed Farces: 0 17. INFORMANT 6. SOCIAL final (Yes, ne ar unknewn) (If yes, give wer er dates af service) SECURITY NO. in regular attendance s are embalmed or fina Parents, Denzil & Lora Bolyard, #4, a, b, c NO No No INTERVAL SETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 4 weste TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A, AUTOPSY? (Yes er Ne) 208. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in er ebout 21C. WHERE DID heme, lerm, fectery, street, alfice bldg., INJURY OCCUR? (II in Beltimare City, give exect lacetian) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netily medical exeminer) obtained MEDI 21 D. TIME (Manth) (Dey) (Yeer) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Net While (APPROX.) Werk At Wark 22. I certify that (I) (this hospital) attended the deceased fram and that in (my) (aur) opinion death accurred on the date that (1) (we) last saw the deceased alive an must be and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Steff M.D. Med. Director approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Imelda B. Salavio 24A. BURIAL CREMATION, 248. DATE 24C, NAME ef CEMETERY er CREMATORY (Stete) REMOVAL (Specily) 2-4-1965 Burial Bal. Co. Md. Oak Lawn Eastern Ave. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. JOHN J. DUDA 7922 Wise Ave. 22, Md.

VS 150-REV. 1/1/65



1415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

JR.

DIKITI	NO	, _
M.E.	CASE	N

1. NAME OF DECEASED TRESCOTT WILLIAM H.

2. DATE AND HOUR PRONOUNCED DEAD

2/4/65

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore

D. STREET ADDRESS (If rurol, give location)

St. Agnes Hospital 1298 Highview Ave. 6. RACE 8. DATE OF BIRTH 7. MARRIED, NEVER MARRIED

If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 9. AGE (In years birthdoy!

male white 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) SELF-EMP SALES

MARYLAND

2. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

YES

18.

CERTIFICATION

LIQUOR STORE

WIDOWED, DIVORCED(specify)

4. MOTHER'S MAIDEN NAME

5/9/15

ADDRESS

WILLIAM H. TRESCOTT, SR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war or dates of service)

16. SOCIAL SECURITY NO, 212109934 17. INFORMANT

BERTHA

RUTH K. TRESCOTT 4298 HIGHVIEW AVE.

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

WW II

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Bunshot wounds of chest with perforation XXXXX of pulmonary artery, aorta, right atrium, left pulmonary vein, and lower lobes of both lungs and extensive hemothorax DUE TO

Inspection

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION

20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. yes yes

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)
home, form, foctory, street, office bidg., INJURY OCCUR? Little Brown Jug Liquor Store store 1013 Wilkens Ave.

21D TIME 21E. INJURY OCCURRED OF INJURY (APPROX.) 10:15p. WHILE AT X

I certify that I held an Inquiry

NOT WHILE

subject was shot in chest

resulted fram: Natural causes Accident ACTUAL

WAS PERFORMED

Autopsy X and that an this basis, death in my apinion Suicide Hamicide X Undetermined monner

CHIEF MEDICAL EXAMINER

DATE SIGNED

(Stote)

SIGNATURE EXAMINER'S NAME (Type) M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

REMOVAL (Specify)

23C. NAME of CEMETERY of CREMATORY 23D. LOCATION BALTIMORE NATIONAL CEMETERY

BALTO, MD.

HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

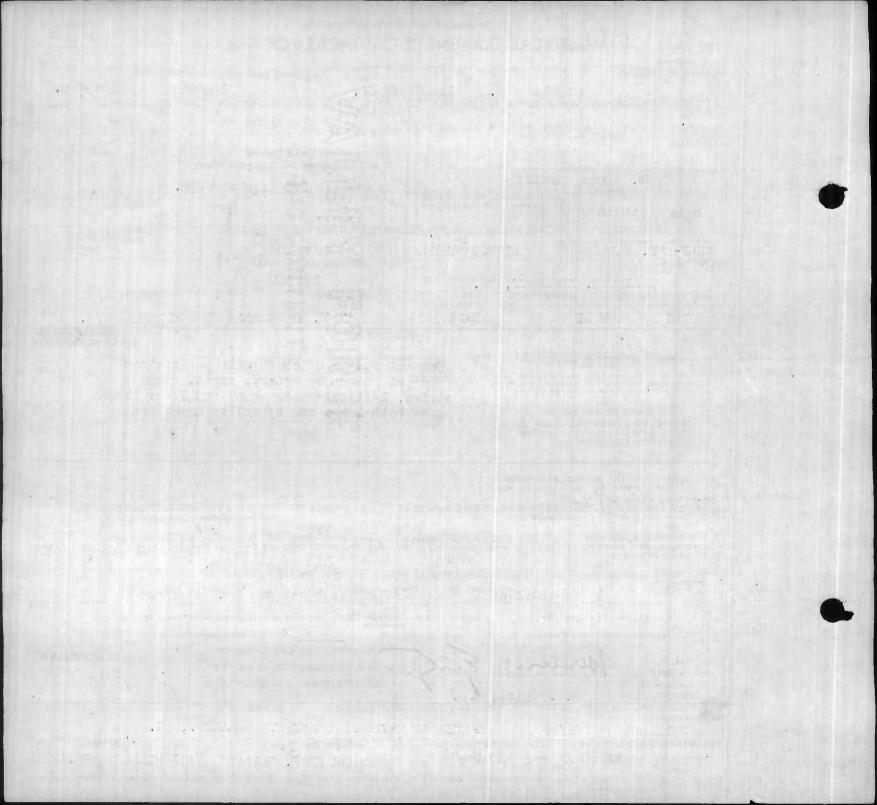
VS 151-REV, 1/1/65

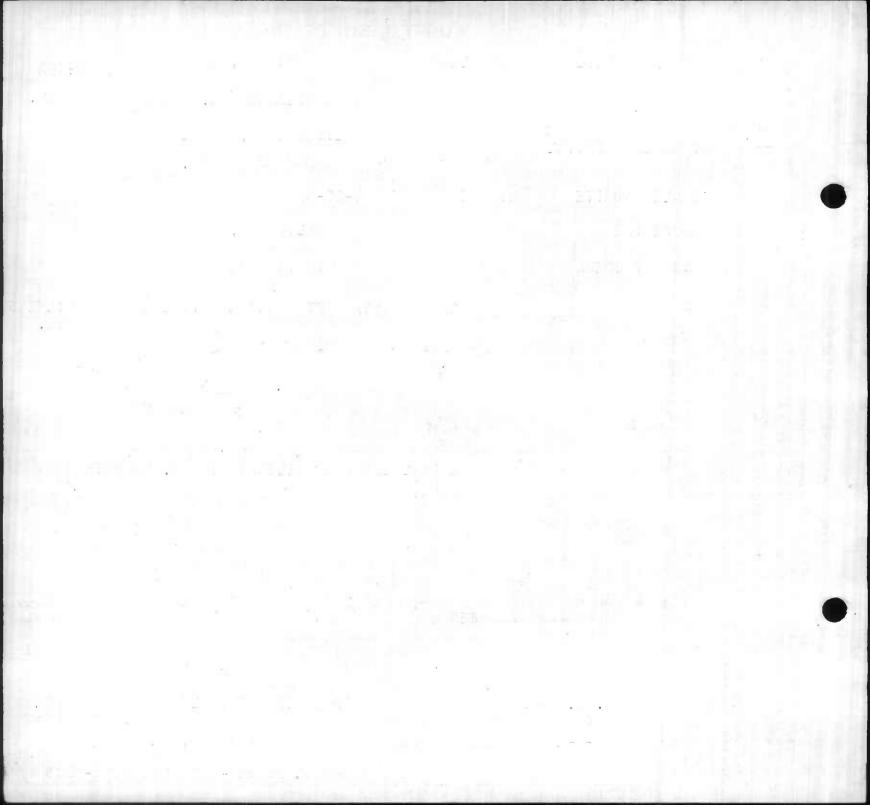
23A. BURIAL CREMATION, BURIAL

2/9/65

248 NAME OF REGISTRAR

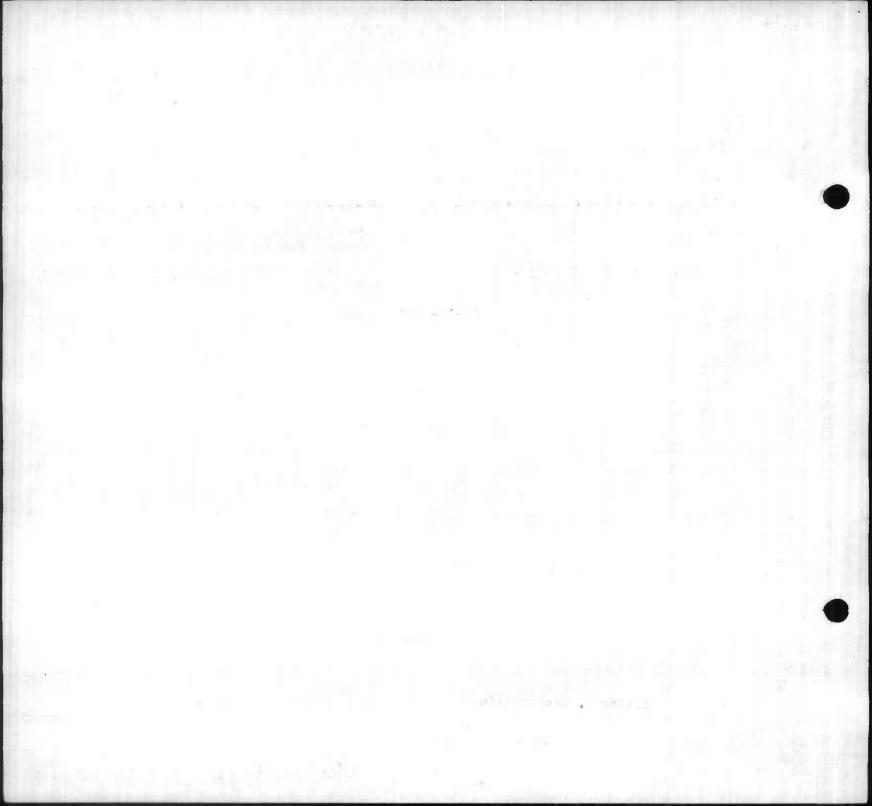
(City, town, or county)





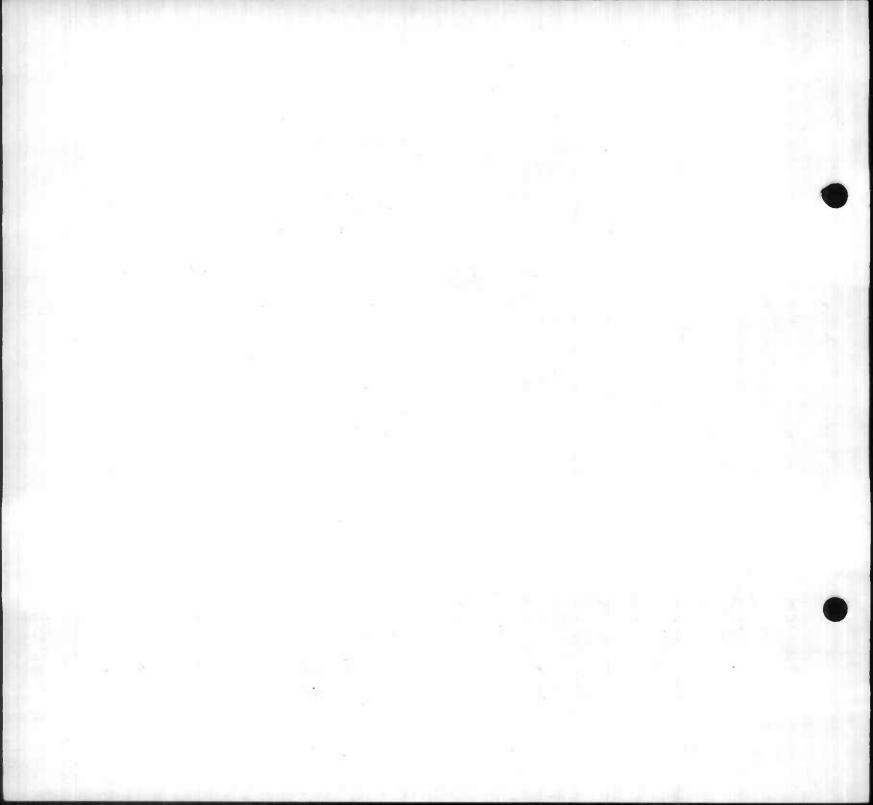
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		CE	1417	BALTIMORE CITY	HEALTH DEPARTMENT	V	65 1417
	H NO.	65	1411	CERTIFICA	TE OF DEATH	Registered No	00 1417
1. N	AME OF DEC	EASED		,	2. DATE	AND HOUR OF DEATH	
LIAB	e or runt	ARG A	ARET *	OLIOPULUS	Fe	FR 2.196	5 9:10 Am.
3. P	LACE OF DEA	TH IN BALT	MORE, MARYLAND		4. USUAL RESIDENCE (WI		stitution: residence before admission)
					A. STATE B. COL	, ,	
	OSPITAL OR	F (If not	in hospital or institution	tion, give street	IND.	WASHING	RURAL and give township)
	NSTITUTION	oddies	3 01 100011011)		C. CITY OR TOWN (IF	outside city limits, write l	RURAL and give township)
-0				11 0 01	MAGERSTO		11-03
In	ONTER	ELLO	STATE	HOSPITAL	D. STREET ADDRESS	If rurol, give location)	
					25 LAURI	=1 57	
5. S	FX	6. RACE	7. MAR	RIED, NEVER MARRIED	B. DATE OF RIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 Hrs.
	C	1.7	WID	OWED, DIVORCED (specify)	1 0 .00-	lost birthdoyl	Months Doys Hours Min.
	-	I W	W	100W	JUNE 3, 1890	14	
	. USUAL OCCU			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
L.	L.				HAGERSTOWI	- MD	(/ 5
13.	FATHERS NAM	AF /- E			14. MOTHER'S MAIDEN N		V - 3
						1	
(HARLO	5 B.	BOYLE		SMIT	H (MARY J	OSEPHINE SMITH)
			Armed Forces? wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	/ TORKET D	ADDRESS
	. / .	illi yes, give	wor or dotes of serv	SECURITY NO.	0400-		
1	VO			217-10-2705	CHART.		
	18. 420	,0 %	-260 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CON	DITION DIRECTLY	0	3.1	_	ONSET AND DEATH
		LEADING T	O DEATH	(A) CONG	ESTIVE HEART	FAILURE	
			made of dying,	e.g., DUE TO		A	
			c. It means the disc ich caused death.)	acse,	i.		
				(B) ARTE	RIUSCLERUTIC H	EART VISEA	55
		ANTECEDEN	CAUSES	DUE TO	• • • • • • • • • • • • • • • • • • •		
	DISEASES OR CONDITIONS, if any, giving						
	rise to the abave couse (A) stating the (C)					******	
z	OTHER SIGNE		IDITIONS CONTRID	ITING			
5	TO THE D	EATH BUT	NOT RELATED TO	THE DIDETE	S MELLITU	15	
A			CAUSING IT.				
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERFORMED	FOR WHICH OPERATION	AUTOPSY? (Tes of	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	2				VO		
	OR CONTRIBU	TING CAL	DERLYING T	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
AL	DEATH (notily			etc.)	Sidgi, Illio ki Godo ki		
EDIC	21 D. TIME	(Adonth) (C	Day) (Year) (Hour)	21E, INJURY OCCURRED	215 HOW DID II	LILINY OCCUM	
MEC	OF INJURY	(Monin) (E	oy) (lean (houn		21F. HOW DID IN	AJURY OCCUR!	
<	(APPROX.)			While At Not Whi			
	22. 1	that UT (+L:	is hospital) attend	led the deceased fram	JAN. 19	10/25	FEB 2 1965.
	thot (H) (we)	lost sow th	ne deceased alive	on	19 ond	that In (my) (our) opi	nion death occurred an the date
	and hour one	from the c	ouses stated abar	ve. (1) (We) (did) (did not)	view the body after death	le .	
	23A. SIGNATU	RE					23 B. DATE SIGNED
	2	1 Can	mander	M.D. Att	ending Med.	Stoll Phys.	F-0 2 1645
	23 C BHYSICHA	A. C. O.	pen - a	Phy		Phys.	FEB. 2, 1965
	PAME (T	ype)			23D. ADDRESS	5-0	11
		Irving	L. Coopers	teln M.D.	MONTEBELLO	STATE 1	HOSPITAL.
244	BURIAL CRE	MATION, 24	B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D.		ity, town, or county) (State)
	REMOVAL (S	pecily)					
B	URTAL		FEB 6 1965	ROSE HILL CEME		AGERSTOWN MA	
25A	DATE REC'D	BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	OK)	ADDRESS
1	FR 9	ID CORI	obert E. J	ansey Mill	Hadromi	BULLEN HA	GERSTOWN MARYLAND
VS	150-REV. 1/1/6	55			7		THE THE TENTO



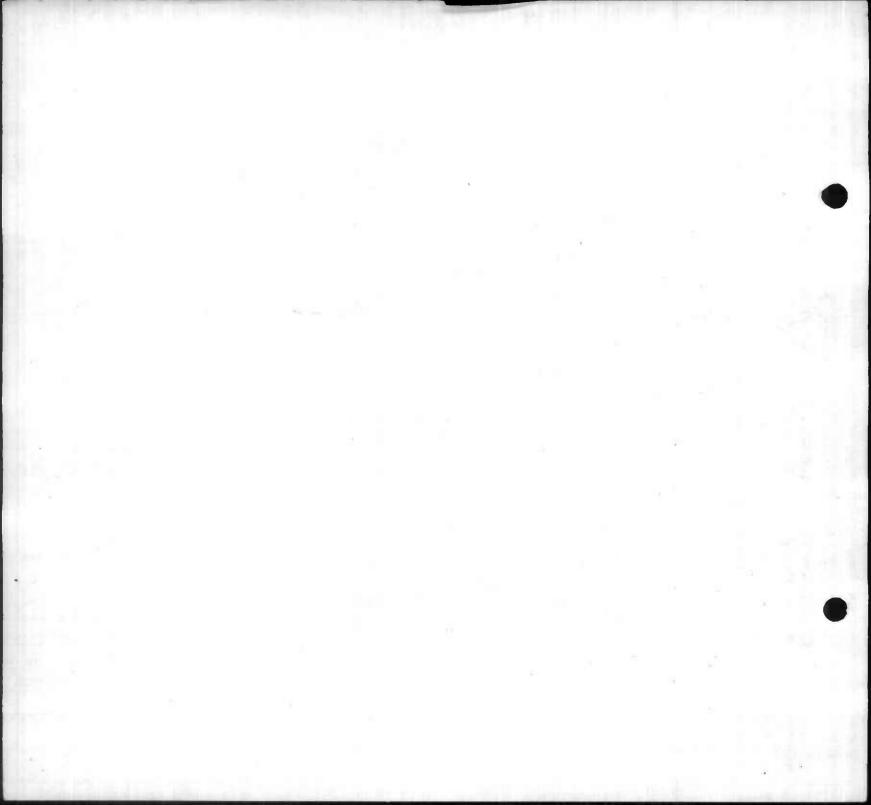
VS 150-REV. 1/1/65

BALTIMORE CITY H	HEALTH DEPARTMENT
M.E. CASE NO. 65 1418 CERTIFICAT	E OF DEATH Registered No. 65 1418
(Type of Print) JOHN M. BETLE JEWSKI	BAILEN FEBRUARY 21965 6 A.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN , (If outside city limits, write RURAL and give township)
602 SOUTH ROSE ST.	D. STREET ADDRESS (If rurol, give location)
BALTIMORE, MARYLAND	602 SOUTH ROSE ST.
MALE WHITE MARRIED	DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months: Doys Hours Min.
done during most of working lite, even if retired	I. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MACHINIST NATIONAL CAN CO.	BALTIMORE, MD. D. S. A.
MARTIN BETLEJEWSKI 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	CATHERINE SMECLEWSKI
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mar CATURA La BETTETTURE L' 1-2 SPASS
NO 215-10-2016/	MAS. CATHERINE BETLETEWSKI 602 J. NOSE DEATH INTERVAL BETWEEN ST
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	remany Occlusion ONSET AND DEATH
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	Terrenatoris Gerenalness.
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION lost.	Spilend C.OD.
II Cli	ilial Variliar Culder
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 R. PLACE OF INJURY (e.g., in hame, form, foctory, street, office etc.)	or about 21 C. WHERE DID (If in Baltimore City, give exact location) le bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased clive an	19 VO to 19 VO, ond that In (my) (sor) apinian death accurred on the date
and haur ond from the causes stated bave. (1) (We) (did) (did not) vie	w the bady after death.
23A. SIGNATURE Jacula M.D. Attento Phys.	sing Med. Stoff Phys. 2/1/6/
23C. PHYSICIANS NAME (Type) NI, S. JAWOBSK, M.D.	2011 Cartes are
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	IATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 2-6-65 ST. STANISLAU. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	S CEM. BALTIMORE MD.
FEB 8 1965 Robert E. Farlung	RAYMOND L. KACZOROWSKI FLEET ST.

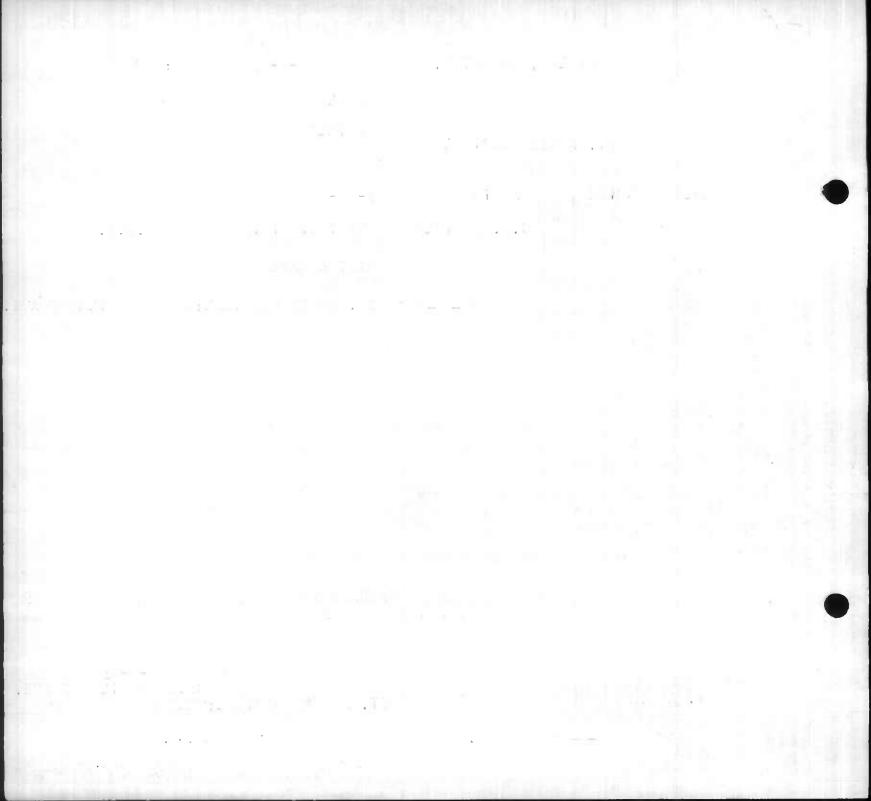


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach; and (6) No physician was in regular attendance on the deceased prior to death. Such

CF 4.44Q	BALTIMORE CIT	Y HEALTH DEPARTMENT	/	65 1419
ыкти но. 65 1419	CERTIFICA	TE OF DEATH	Registered No.	
MAE CASE NO.		2, DATE AN	ID HOUR OF DEATH	
(Type) or Print) GUYION D. LUP	ton	7-3-	- 65-) 15 P. A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID ID	4. USUAL RESIDENCE (When	e deceased lived. If insti	itution: residence before admission
		A. STATE B. COUN		- 1/3usti-
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or lacotion)	itutian, give street	C. CITY OR TOWN (If our	22 1114	a Ry l'Avud
INSTITUTION		2 11	iside city limits, write KU	KAL and give lawnship)
BONSECTURS, Hospit	A)	D. STREET ADDRESS (III	iural, give location)	2500
BAITIMORE Ma.		1	. 01	
5. SEX 6. RACE 7. M		16914 Ridge		22
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths: Days Hours Min.
male white	MARRIED	2/14/09	55	
IOA. USUAL OCCUPATION (Give kind of work 10B, It done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
FOREMAN B	the bem Steel	1. N.C.		2()
13. FATHER'S NAME	The nems leel	14. MOTHER'S MAIDEN NA	ME	0.3
TUI		5, , ,		
HACK TUPTON	13 / 00 0000	SALLY D.	AVIS	4000000
5. Was Dacoasad Ever in U. S.\ Armed Farces? (Yes, no ar unknawn) (If yes, give war ar dotes af s		INFORMANT		ADDRESS
1/1	213-07-3891	MRS. ANNA L	UPTON 69	14 RIDGEWAY
18. /5 / X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y	0 17		ONSET AND DEATH
LEADING TO DEATH	(A)	-pular later	adersm	a 4 mos.
(This daes nat mean the mode of dying	, e.g., DUE TO	40 Da		
heart failure, asthenio, etc. It means the d injury as camplication which caused death		of Jamere	an a	
ANTECEDENT CAUSES	(B)	· · · · · · · · · · · · · · · · · · ·		
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the above cause (A) static				
UNDERLYING CONDITION last.	N 1000 FM N 1000 1000 N			
11				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
DISEASE OR CONDITION CAUSING IT.	10 THE			
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMI 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes ar Na	IN CERTIFYING CAUS	NDINGS CONSIDERED
T T T T T T T T T T T T T T T T T T T		yes		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street,	in ar about 21 C. WHERE DID	(If in Baltimare (City, give exact lacation)
DEATH (natify medical examiner)	etc.)	amor stage, ittooki oo oo k.		
D 21D. TIME (Manth) (Day) (Year) (Ha	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
(ATTROX)	Wark At Work			
22. I certify that (i) (this hospital) atte	inded the deceased fram	1-15	19 65 ta	2-3- 19 65
that (i) (we) last sow the deceased oli	ve on 2 - 2 -	19 65 and th	ot in (my) (our) opini	an deoth occurred an the do
and hour and from the couses stated of	ove. (I) Two (did) (did not)			
23A. SIGNATURE	Total (I) (Hex (did) (did Hely	view the body difer deditt.	Io	23B. DATE SIGNED
(000).	TO ON M.D. AH	tending Med.	5. " _/	2-3-65
Je Alvar	rued, /E Ph	ys. Director	Phys.	2-3-65
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	VTUD, 2R. M.D.	BON SEC	ours Hos	PITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY . CF	REMATORY 24D, L	OCATION (City,	, tawn, ar county) (State)
Binoval (Specify)	- Can 1/2	- To R	AITIMA	- 10 ms
25A, DATE REC'D BY HEALTH DEPT. 258, 1	NAME OF REGISTRAR	OF VESUS IJI	OLTIMOR	t (0, 1110,
THE RESERVE AS A SECOND AS	finds on	250, FUNERAL DIRECTOR	1	ADDRESS 2525 FIEET S
FEB 8 1985 Pole &	, Farley M. M.	MAYMONDY.	MACZOROW	SKI FLEET S
'S 150-REV. 1/1/65		1		

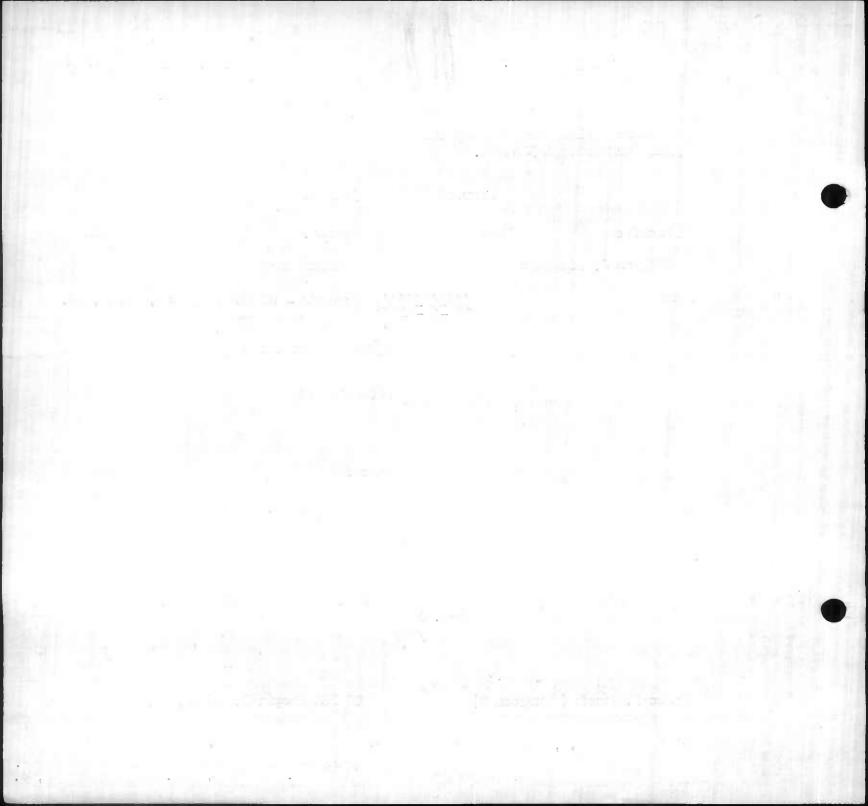


1100	BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO. 65 1420	CERTIFIC	ATE OF DEATH Register	red No. 65 1420
T. NAME OF DECEASED (Type or Print) HUTSLER, 3. PLACE OF DEATH IN BALTIMORE MARYLANI	HOBERT M.	2. DATE AND HOUR OF 2-4-65	8:30P
FULL NAME OF HOSPITAL OR Oddress or locotion) ST. AGNES	lution, give street	MARYLAND C. CITY OR TOWN (If outside city limit DANIELS D. STREET ADDRESS (If rurol, give loc	62-00
MALE WHITE M	RRIED, NEVER MARRIED DOWED, DIVORCED (specily) ARRIED	8. DATE OF BIRTH 9. AGE (In y. lost birthday) 7 - 27 - 96 68	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
33370332373 02 22073 020	R. DANIELS	WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY?
STEVE		MARTHA MASON	
(Yes, no or unknown) (III yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 232-26-5373	ST. AGNES HOSPITAL	ADDRES 29 _; CATON & WILKENS AV
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This daes nat meen the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death.		metas fasis	4-
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, rise la lhe obave cause (A) stoting UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED UP 21A. A CCIDENT WAS UNDERLYING		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (II in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Work At Wo		?
22. I certify that (I) (this hospital) atter that (I) (we) lost sow the deceased aliv and hour and from the causes stated ob	on FEBRUARY 4	19 65 ond that in (my) (FEBRUARY 4 19 65, our) opinion death occurred on the date
23A. SIGNATURE G. Sludy	h	ttending Med. Stoll Phys. Director Phys.	238. DATE SIGNED 2-4-65
23C.PHYSICIAM'S NAME (Type) V. RUBIN 24A. BURIAL CREMATION, 24B. DATE	M.C	PST. AGNES HOSPITAL;	CATON & WILKENS AVE RECORD #29
Burial 2-8-1965	Mt. Carmel	Glengary	(City, town, or county) (Stote) • W. Va. ADDRESS
FEB 9 1965 R.C.	of E. tarkey M.D.	F.C HigiwhoThom	Ellicott City, md
		the state of	



			BALTIMORE CITY	HEALTH DEPARTMENT		
M.E. CASE NO.			CERTIFICA	TE OF DEATH	A	
1. NAME OF DEC	MIRIAM S				Feb. 3, 196	55 11 AM N
FULL NAME O	F (If not in hospital oddress or location	or institution, give st	reet	Maryland	Montgome	nstitution: residence before odmission TY RURAL ond give township)
	olic Health S Park Drive &		pital	Silver Spr: D. STREET ADDRESS 8385 16th	ings (If rural, give location)	65-00
5. SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIV Marr	R MARRIED ORCED (specify)	8. DATE OF BIRTH 3/25/95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	working life, even if retired)	Home	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAT	liam J. Nicho	las		14. MOTHERS MAIDEN N Miriam Barr		
15. Was Deceosed (Yes, no er unknown None	Ever in U. S. Armed For Oldf yes, give wor or dote	s of service)	OCIAL ECURITY NO.	17. INFORMANT Records - U	S PHS Hospita	al, Balto, Md.
18. 200	0, / 1		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY	Ast	oiration pneum	onia	Terminal
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	any, giving slaling the CONTRIBUTING	DUE TO	phosarcoma kemia		1 month Terminal
19A. DATE OF	OPERATION 19B. CON WAS PERI	DITION FOR WHICH	E OF INJURY (e.g., in	20A. AUTOPSY? (Yes or YES or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. INJU While At Work	RY OCCURRED Not While At Work	21 F. HOW DID I	INJURY OCCUR?	
that (1) (we	that (1) (this hospital last saw the decease d from the causes star	d alive an	Feb. 3	Jan. 26 19 65 and lew the bady after deat		Do. 3 19 65 inian death accurred an the dat
23A. SIGNATU 23C. PHYSICIA NAME (1	ins James	A. Frank	Phy:	3D. ADDRESS	Staff Phys.	23B, DATE SIGNED 2/3/65
James	//	Surgeon R)	M.D.		ital, Balto,	
24A. BURIAL CRE REMOVAL-	MATION, 24B. DATE Specify) Feb.6.1	965 Meadow	ridge Memor		lkridge,	City, town, or county) (Stote) Maryland
25A. DATE REC'D		PAR BE		25C HUNERAL DIRECT		8434 Georgia Ave

VS 150-REV. 1/1/65



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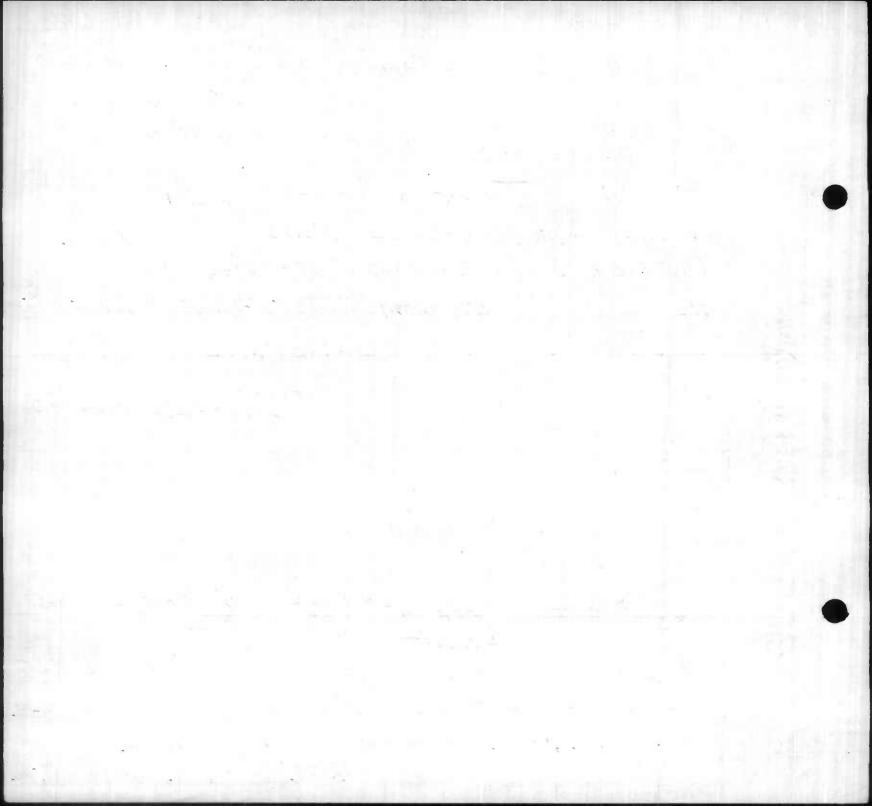
kind; (4) Undetermined cause; (5) the direct or contributing cause

of death Deceased

a hospital

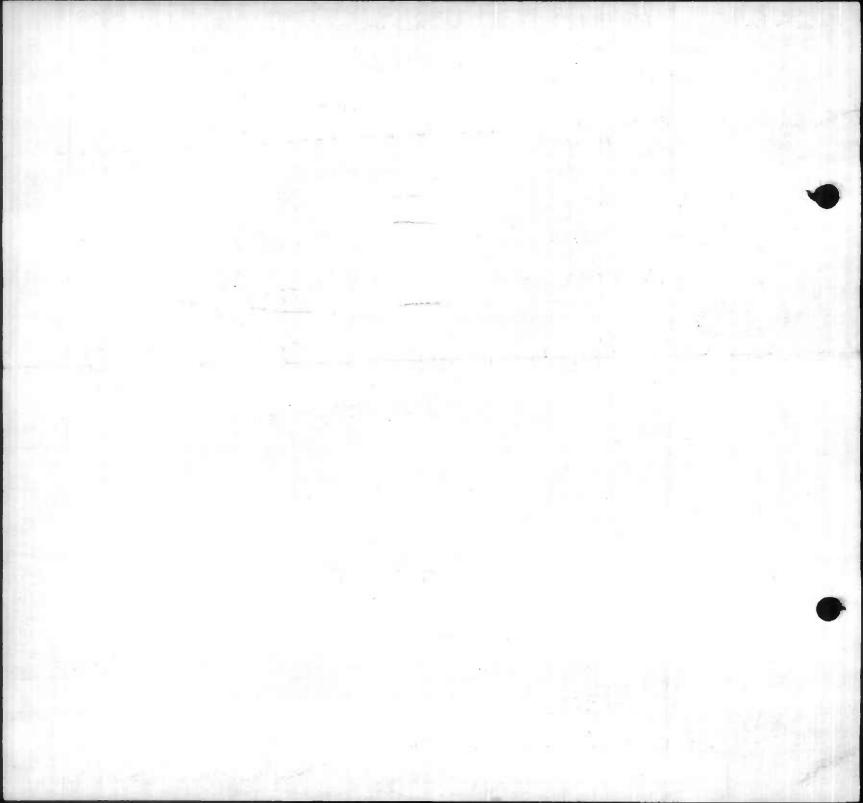
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) FeB. 2 RANCES 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY
M. + 3. PLACE OF DEATH IN BALTIMORE MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) OR TOWN ADDRESS 9209 Worth made 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 6. RACE If Under 1 Yr. Months Doys WIDOWED, DIVORCED (specily) Hours lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired HOUSEWIF TEACHE E CH60. MOTHER'S MAIDEN NAME Connor 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 6-41 INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death,) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, lactory, street, alfice bldg., INJURY OCCUR? U (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examined etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (h) (this haspital) attended the deceased from 19 pe that N (we) last saw the deceased alive on and that in (our) apinion death occurred an the date must and haur and from the causes stated above. (did) (did (ot) view the bady after death. 23A. SIGN ATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoll Director approval Phy s. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily) decease Patrick's Cemetery Burial St. Chicopee Mass. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISERAR 25C TUNERAL DIRECTOR 8434 Georgia Ave. Silver Spring, 1 aymona Inc.



VS 150-REV. 1/1/65

71	BALTIMORE CITY H	IEALTH DEPARTMENT
D 0 E	BIRTH NO. 65 1423 CERTIFICAT	E OF DEATH Registered No.65 1423
Suc	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
0 [Gype of Prior DE. LIGIA. (TYSZKIE WICZ	J 371665 3.36 p. M.
		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
ance deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MD Ballo, 1-09
to d	INSTITUTION D. A.	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
cause; attend ior to	Church HOME.	D. STREET ADDRESS (If rural give location)
L .		27/2 O'Donnell St.
9 7 7 9	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8.	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
regul eased is ma	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1)	1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ם ב ב	done during most of working life, even if retired)	PA WHAT COUNTRY?
	Domestic Work	MA MOTHER'S MAIDEN NAME
th wa in the dispos		
d; (on on dis	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17	anna Humel
death ce on nal di	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 + 2712 & Dannell fr
> 5 5 5	18. / / CAUSE OF	DEATH III. Unicella, 1, x, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
E O D O	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
atte med	LEADING TO DEATH	rus sheeste c landu rusukur 6 ges.
0 0 0	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	with late Trace lies
2 2 5	injury or complication which coused death.) ANTECEDENT CAUSES (B)	ne will hypertension - 6 grs.
reg e e	DISEASES OR CONDITIONS, if any, giving	Darribal of Th. & D. C.A.
in w	rise to the above cause (A) stoling the UNDERLYING CONDITION last.	encepeacoffaray 1-80ay
rns; (sicial was i	UNDERLING CONDITION last.	
3 8 6	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ph ph ian	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Bod the ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or bout 21 C. WHERE DID (If in Battimore City, give exact location)
where No pi	OR CONTRIBUTING CAUSE OF home, form, foctory, sweet, olfine etc.)	e plaga, INJURI OCCUR:
S ¥ (S	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
xcept variand (6)	While At Work At Work	09/5
exe an obt	22. I certify that (I) (this harpital) attended the deceased from	1000 19 10 25 Jen () 19
	that (1) (wet lost sow the deceased alive on 1) flen 65	ond that In (my) (cor) opinion death occurred on the date
++-	and hour and from the causes stated above. (I) (Wat (and) (did not) vie	
0	23A. SIGNATURE M.D. Allend	sing Med. Stoff 23B. DATE SIGNED
a h	He I PROGREDIA IV Phys.	D. ADDRESS
	JOSEPH B. BRONUS LA	
(I) An acc O.A. at a led ed prior to approval	24A. BURIAL CREMATION, 24B. DATE 3 0200 NAME OF CEMETERY LOS CREM	
	REMOVAL (Specily)	EC PEN 6515 POSTANIST MICH
was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS
K de X	FEB 9 1965 P.O. A. E. Fallen M. A.	Marie trailorish 1000 KENMANAN



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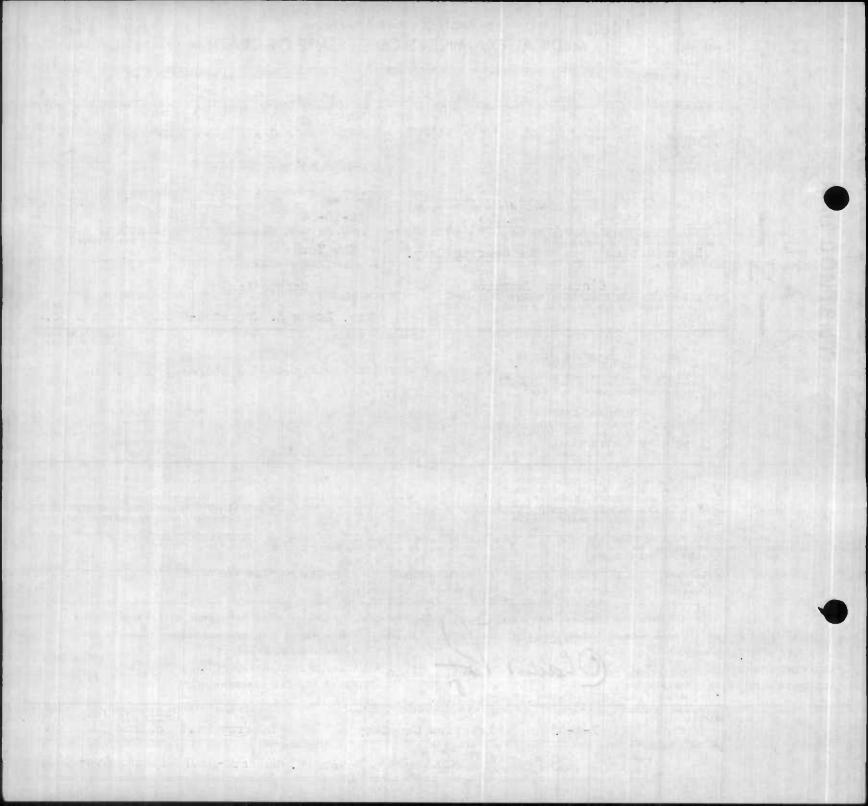
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Und If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 6051 Mrs.E. Wright, 3020 Ascenson, Ave. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) aplaion death occurred on the date 23B, DATE SIGNED written approval (City, town, or county) (State) 2/13/65 Hill, Md. Mt.Wesley Cem. Snow Burial 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS New Church, VS 150-REV. 1/1/65

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	65 148	25		BALTIMORE CITY HEAL	TH DEPARTMEN	T		65	1425	
BIRT	TH NO.		CAL EX	CAMINER'S C	ERTIFICAT	E OF D	EATH Registe		1 100	
M.I	E. CASE NO.									
	NAME OF DECEASED					2. DATE AND	HOUR PRONOUNC	ED DEAD		
,	(GORDON	LEE	THORNTON			ry 3, 1965		1:10 P.	M.
3. F	LACE IN BALTIMORE, M.	ARYLAND, WI	HERE PRONO	UNCED DEAD	A. STATE	ence (Where d	occosed lived. If insti B. COU	tution: roside	enco bofore admis	sion)
HO	L NAME OF (IF NO SPITAL OR ADDRI	T IN HOSPITA ESS OR LOCA	TON)	UTION, GIVE STREET	C. CITY OR TOV		corporate limits, write	RURAL on	d give township)	
	Maryland Ger	neral Ho	spital		D. STREET ADDI		give locotion) ton Street		4-46	
5. 5	EX 6. RACE			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Under 24	Hrs.
3.0	21 2 Th 2 to			DIVORCED (specify)	10-10-0)4	lost birthdoys	Months	Doys Hours M	in.
	ale White			ried			60	12. CITIZEI	N OF	
don	Reproduction	even if retired)		ering Corp.	New Yo	ork	CO SILITY?		COUNTRY?	
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME				
15.	WAS DECEASED EVER IN	Clarence		ton	17. INFORMANT	Hattie	Landon	ADDRESS		
	No No			SECURITY NO.		ene E. T	hornton-470		Liston St.	
	18.			CAUSE	OF DEATH				INTERVAL BETWE	
	4200	1			1/3				ONSET AND DEA	HTA
	DISEASE OR CO	NDITION DIF	RECTLY	Anton	icaalomoti	o Hoont	Discoso			
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	heart failure, asthonia, injury or complication v	which coused o	deoth.)							
	ANTECENO	ENT CAUSE	S							
	DISEASES OR COND	ITIONS, IF A	NY, GIVING	DUE TO	**************				,	
	UNDERLYING COND	ITION LAST.	A 11110 11112							
O				(C)		•••••				
CERTIFICATION	OTHER SIGNIFICANT OF	UT NOT REL	ATED TO							
RTI	DISEASE OR CONDITI			WHICH OPERATION	20A AUTOPSY	2 (You or No) 12	OB. IF YES, WERE FII	NDINGS CO	ONSIDERED	040000
	0	WAS PERF	FORMED		No		N CERTIFYING CAU			
EDICAL	21 A. EXTERNAL CAUSE OF UNDERLYING OR CONTUING CAUSE OF DEA	RIB-	218. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21C. V office bldg., INJURY	VHERE DID (II	f in Boltimore City, gi	vo exact loc	cotion)	
Σ	21D TIME (Month)	(Doy) (Year)	(Hour)	TIE. INJURY OCCURRED	21 F. H.C	INTNI DID MC	RY OCCUR?			
	OF INJURY (APPROX.)			WHILE AT NOT	WHILE O	13.15				
	22. I certify that I	held on Ir	ngulry 🗌	Inspection X Au	topsy and	that an this	bosis, death in n	ny opinian		
	resulted fram:			Accident D Suicid			ndetermined manne			
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	ACTUAL	(1)	1 1	1/_					DATE SIGNE	D
	SIGNATURE	(La	llist	1 cary M.D	ASSISTANT M				2/4/65	
	EXAMINER'S NAME (Type)	Charles	S. Pet	tv. M.D.	ASSOCIATE M	EDICAL EX.	AMINER		27 17 00	1
	BURIAL CREMATION,	23B. DATE		C. NAME OF CEMETERY	OF CREMATORY	23 D. LO	CATION (City	town, or or	County (Stote	36.3
RE/	MOVAL (Specify) Burial	2-6-65		Lakeview Ceme	tery	Lib	erty Rd.& C	erroll akland	d Mill Rd	Md.
24/	A. DATE REC'D BY HEALT	H DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		Al	DDRESS	
	FEB 9	1965	Robert	of E. Farbey M. A	Howard	H. Hubb	ard-4107 W	ilkens	Ave-2122	.9

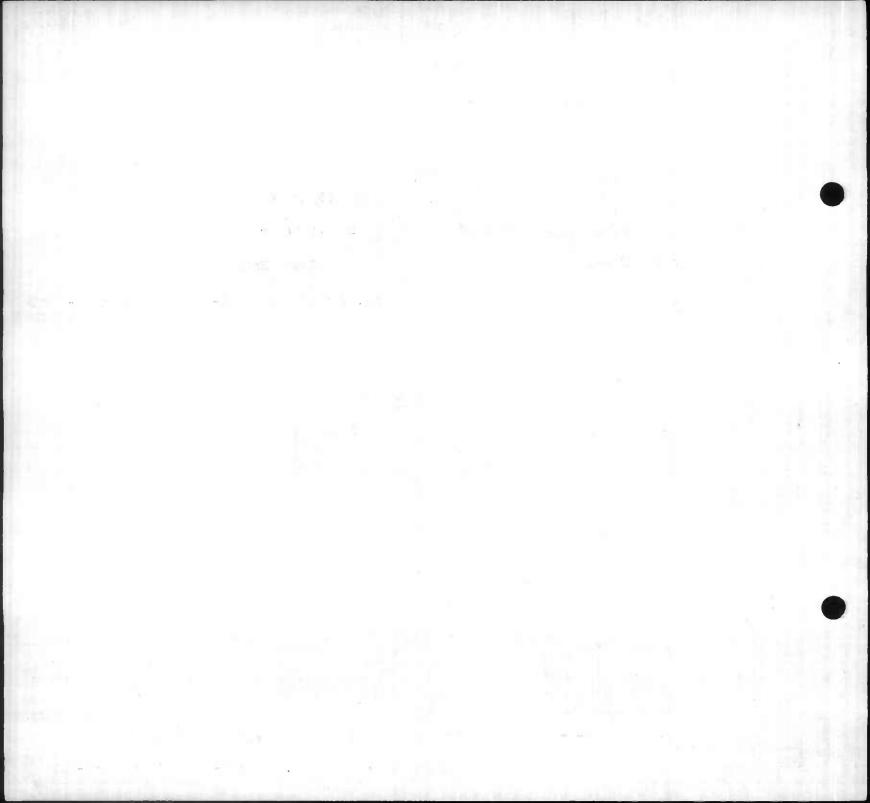


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Registered Na. MIRTH NO. CERTIFICATE OF DEATH and the irect or contributing cause of death. (4) Undetermined cause; (5) Deceased M.E. CASE NO. Suci I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO O hospital eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance B. COUNTY FULL NAME OF (If not in haspital ar institution, give sheet RY AN ō HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend 10 HOSPITAL SECOURS BALTIMOR BON prior D. STREET ADDRESS IMORE occurred LOMBARI regular is mad 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years last birthdoy) 5. SEX If Under 24 Hrs. 6. RACE If Under 1 Yr. Months: Doys deceased Hours 25, + WI DO WED

102. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired) 2 the direct or Housewife Pennsylvania NONGHOUSEWIF Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Daniel Fleck Mildred Farren death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. attendance Mr. Francis Campbell-2829 Sunset Drive-21223 any pronounced CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY A SO, embalmed A fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injury ar complication which coused death.) ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if ony, 3 3 la the obave couse (A) stating the physician UNDERLYING CONDITION last. the remains to the hospital by a medical WOS (2) Body burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION physician Cardin varindon DISEASE OR CONDITION CAUSING IT. unously 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, foctary, street, office bldg., INJURY OCCUR? where (If in Baltimare City, give exact location) °Z MEDICAL DEATH (notify medical examine) etc.) nature; obtained 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 OF INJURY be approved (except While At Not While [(APPROX.) Wark and At Wark any 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date of death) hospital the body was released must and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. An accident 23A, SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. 40 inauch Phys. Director ___ Phy s. L written approval 0 23C PHYSICIAMS 23D. ADDRESS prior to NAME (Type) M.D ZENAIDA D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (State) REMOVAL (Specify) shows: 2-8-65 New Cathedral Cemetery Baltimore, Maryland MOS 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard-4107 Wilkens Ave-21229 0 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICATE OF	DEATH Registe	ered Na.
M.E. CASE NO.						
1. NAME OF DEC	EASED				AND HOUR PRONOUNC	ED DEAD
(Type or Time	ANNA ORB	INO		Febr	uary 2, 1965	10:35 p N
	IMORE, MARYLAND, W			4. USUAL RESIDENCE (Wh	B. CO	titution: residence before odmissio UNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					tside carparote limits, wit	e RURAL and give township)
				D. STREET ADDRESS (If re		
St.	Agnes Hospit	al DOA		1020 Rockhi	11 Avenue	
female	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify) OW	B. DATE OF BIRTH 7/13/1914	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Manths Days Hours Min
OA, USUAL OCCI	UPATION (Give kind of working life, even if retired)	108, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
Seamstre	ess, Retired			Maryland 14. MOTHER'S MAIDEN NA	AAAF	
	iel Finazzo					
		FORCEC	II COCIAL	Grace		ADDRESS GTenRus
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO. 220-32-2919		21100	OTCHDG.
			220-32-2919	Mr. Salvator	Orbino, 1109	Wynbrook Ra.
(This does heart foilure, injury or continuity or continui	SE OR CONDITION DI LEADING TO DEATH not mean the mode of , asthenra, etc. It means mplication which coused ANTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS	dying e.g., the discose, deoth.) ES NNY, GIVING TATING THE	(B) DUE TO	escleretic card	dievascular d	isease
TO THE	DEATH BUT NOT RE		THE		,	
19A. DATE OF	OPERATION 198, CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE FIN CERTIFYING CAU	
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21C. WHERE DIG ffice bldg., INJURY OCCUR?	O (If in Baltimore City, g	ive exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT AT W	21F, HOW DID I	NJURY OCCUR?	
	tify that I held an I ted fram: Natural ca		Inspection Aut		this basis, death In	
ACTUA	1/2/1	not	- (/	CHIEF MEDICAL	EXAMINER	DATE SIGNED
SIGNAT EXAMIN NAME (IER'S	Breite		ASSISTANT MEDICAL ASSOCIATE MEDICAL		2-3-65
23A, BURIAL CRE REMOVAL (Specif	MATION, 23B DATE	23	C. NAME OF CEMETERY O			, town, or county) (State)
Buria	2/6/1	965 N	ew Cathedral	Cemetery	Baltimore, M	aryland
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRARY	24C. FUNERAL DIRECT	TOR	ADDRESS

VS 151-REV. 1/1/65

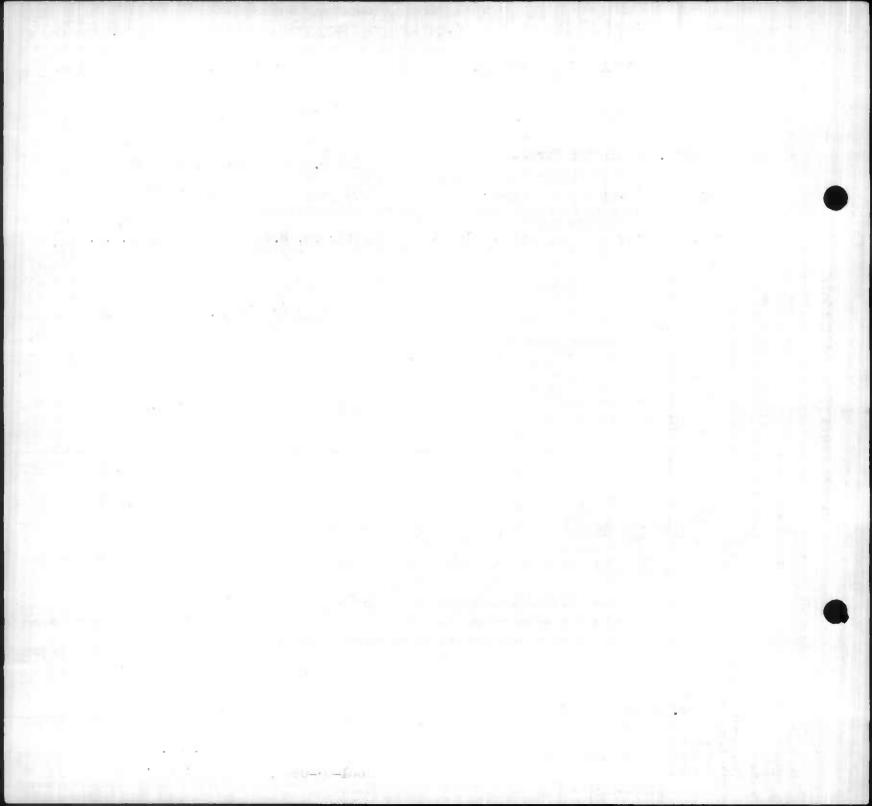
FEB 9 1965 Robert E. tarbujan

Howard H. Hubbard, 4107 Wilkens Ave. #29

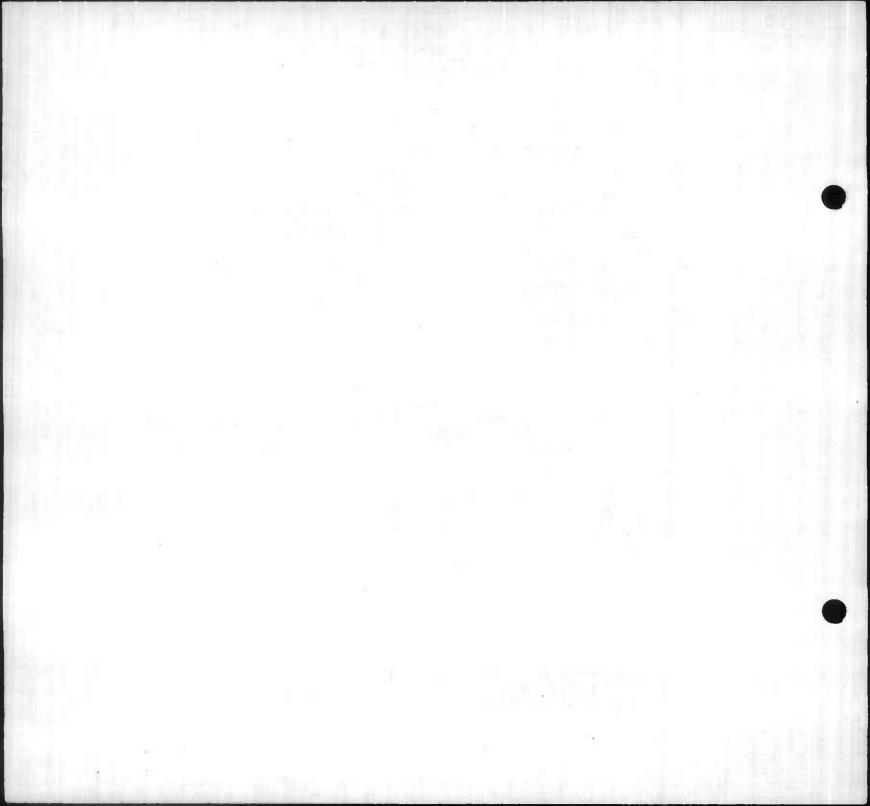
ATTACKED STORES Marin Marin Marin During SPARTER SOURCE TAIL STRANGED TO USE SYST

			BALTIMORE CIT	Y HEALTH DEPART	MENT			
BIRTH NO.	65 142	28	CERTIFICA	ATE OF DE	ATH Registered P	65 1428		
Type or Prin	William	Paul Roth	aupt	2. DATE AND HOUR OF DEATH Feburary 3, 1965 10 am 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission				
3. PLACE O	DEATH IN BALTIMO	RE MARYLAND		A. STATE	B. COUNTY	If institution: residence before admission)		
FULL NA HOSPITAI	OR oddress o	hospitol or institut r tocotion)	on, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give sownship) Baltimore				
108	N. Washingto	on Street	#31	D. STREET ADDRE				
male	6. RACE white	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	12/5/1892	Land Rinds days	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
	OCCUPATION (Give kin ost of working life, even if		OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (SE	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
^H ouse	Painter		Employed	Baltimore	, M.d	U.S.A.		
13. FATHER	NAME			14. MOTHER'S MA	NIDEN NAME			
15. Was Dec (Yes, no ar un	eased Ever in U. S. Ar	med Forces? r or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	(dght)	A DDRESS		
18, /			CAUSE	OF DEATH	abor 702 N. Lu	IZETNE Avenue #5		
4	ISEASE OR CONDITI	ON DIRECTLY		2		ONSET AND DEATH		
490	LEADING TO		(A)	neume	ma.	6 weeks		
heart fo	pes nal mean the m ilure, asthenia, etc. It	meons the dise	e.g., DUE TO	. /	3 10			
injuly o	r camplication which		6h	conce 10	mia			
DISEAS	ANTECEDENT O		DUE TO	asthr	el-			
rise le	ES OR CONDITION The abave cous	e (A) stating	at The second se					
UNDER	LYING CONDITION	last.						
OTHER TO THE	SIGNIFICANT CONDITION OF THE PROPERTY OF THE P	OT RELATED TO	TING					
19A.DA	TE OF OPERATION	9B. CONDITION F VAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY?		ERE FINDINGS CONSIDERED CAUSES OF DEATH?		
DEATH	CIDENT WAS UNDER ITRIBUTING CAUSE (notify medical examine	OF	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY C	REDID (If in Bolt)	more City, give exact location)		
21 D. TIA OF INJU	IRY	(Year) (Haur)	21 E. INJURY OCCURRED While At Work Not W At Wo	hile 🗀	V DID INJURY OCCUR?			
22, 1 c	ertify that (1) (this h	nospital) attend	ed the deceased fram	Dec	1965 10	19		
that (1)	(we) last saw the	deceased alive	an Dec 29	1965	and that in (my) (aur)	apinian death accurred an the date		
and ha	or and fram the caus	ses stated abav	e. (1) (We) (did) (did nat)					
	NATURE / MA	1 m	7/18			23B, DATE SIGNED		
Che	Eles OME	to //les	en Md M.D. A	ttending Men	d. Staff Phys.	Tel-5, 1965		
23C. PH	SICIAN'S ME (Type)			23D. ADDRESS				
Dr	Charles Ma		M.I	2900 Bal	Ltimore Street			
24A. BURIA	CREMATION, 248. E		C. NAME of CEMETERY OF		24D. LOCATION	(City, town, or county) (State)		
Buria		16/65	Moreland Memori	al Cemetery	Baltimore	Md.		
25A. DATE	REC'D BY HEALTH DE		ME OF PEGISTEAR	BEH THINE	Ritineral Home.			
	FEB 9	1965 06	kery at any	500T-03-(D. E. Madison S	treet #5		

VS 150-REV. 1/1/65



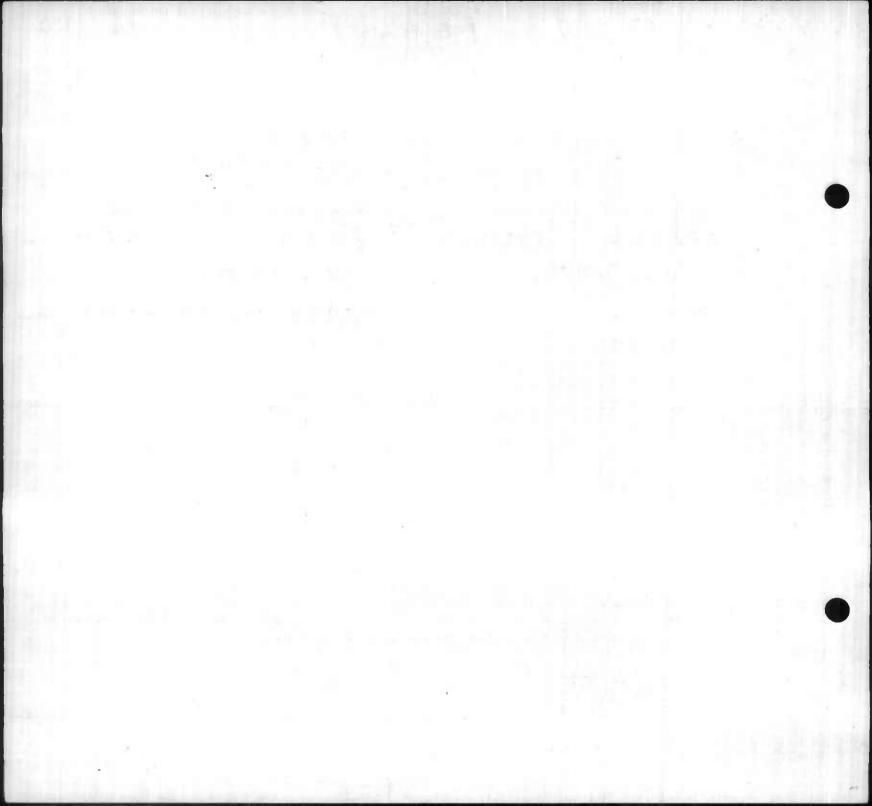
CF 4100	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 4400
ыктн но. 65 1429	CERTIFICA	TE OF DEATH Registered	No. 65 1429
M.E. CASE NO. 1. NAME OF DECEASED	Elizabeth *	2. DATE AND HOUR OF DEA	ATH
(Type or Print) MRS BLANC	SHE E. SMI	TH FERM 4th 19	765 7.40 PM
B. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whore decoosed lived.	
		0 4 4	E
FULL NAME OF (If not in hospital ar ins HOSPITAL OR oddress ar tacation)		C CITY OF TOWN OF THE PERSON	
INSTITUTION UNION MEN	ORIAL HOSPITA	BALTIMBRE 6.	9/202
BALTIA	LORE MD.	D. STREET ADDRESS (If rural, give location)
		4431 SHANROCK	AVE
. SEX 6. RACE 7. N	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	VIDOWED, DIVORCED (specify)	11-15-87 lost birthdoys	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
one during most of working tife, even if retired)	2.	HARYLAND.	WHAT COUNTRY?
HOUSE WIFE 3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	W.Z.A.
ALFRED JON	E3		
		DORSEY (ISTNA	ME MUKNOWN)
5. Was Daceased Ever in U. S. Armad Forces? Yes, no or unknown) (If yas, give war ar datas af	service) 1 6, SOCIAL SECURITY NO.	17. INFORMANT	4431 SMANROCK AU
NO		HAGEORGE DSHITH	BALTINORE 6.
18.	CAUSE	DE DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI	LY	The diant of Paris	ONSET AND DEATH
LEADING TO DEATH	(A) CLEC	gestive heart for leave	
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ig, e.g.,		
injury or camplication which caused deal		rema la liver	
ANTECEDENT CAUSES	(B) DUE TO	<u> </u>	
DISEASES OR CONDITIONS, if any,		sully preu humia	Jan 1
rise to the above cause (A) stati	ing the (C)	Jacob Company	(Forter
11		*	
OTHER SIGNIFICANT CONDITIONS CONT			
DISEASE OR CONDITION CAUSING IT.	TO THE		
LL STATE BEREORA	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No.) 20 B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
NONE WAS PERFORM		YE'S	CAUSES OF DEATH:
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, c	in ar about 21 C. WHERE DID (If in Bott	imore City, give exact location)
DEATH (notify modical examiner)	otc.)		
O 21 D. TIME (Month) (Day) (Your) (Ho	out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		
	Work At Work	N N	
22. I certify that (1) (this hospital) att	ended the deceased from		FEB 47 1965
that (# (we) lost sow the deceased of	ive on FEB. 4	1965 ond that in (our)	opinian deoth occurred an the dot
ond haur and from the causes stoted o	bave. (1) (12) (d1d) (did 12)	view the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
(Con State	M.D. Att	onding Med. Staff Phys.	FOR. 4 1965
23C. PHYSICIAN'S ROY S F	PATTEN	23D ADDRESS	
NAME (Type) S. PA	TIEN M.D.	UNION HEHORIAL HE	spital Bathori
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Spacify)			(Sidile)
Burial 2/8/65	Loudon Park (emetery Baltimore	Md
25A. DATE REC'D 8Y HEALTH DEPT. 258.	NAME OF REGISTRAR	Schimunek Funeral F	ADDRESS
LED A 1300 (10)	Lew C, Valley	3331 Brehms Lane	iome, i.iic.
VS 150-REV. 1/1/65			



VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT							
M.	IRTH NO. 65 1430 CERTIFICATE OF DEATH Registered No.	65 1430						
{Ty	Type or Print Pubyes C. Williams 2. Date and Hour of Death	7:25 A.M.						
	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: B. COUNTY FULL NAME OF (If not in hospitol or institution, give street)	residence before odmission)						
	HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL of the control of	nd give township)						
2	Johns Hapkins Hospital D. STREET ADDRESS (Il rurol, give location)							
5.	SEX 6 RACE AMARRIED, NEVER MARRIED 8, DATE OF BIRTH 9. AGE (In years If Unit	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.						
	AA LISHAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OF INDUSTRY 1) BIRTHER ACE (SALE OF ORIGINE COURTS)	TIZEN OF HAT COUNTRY?						
è	one during most of working life, even if refired) OF HICE CHRYSLER 14. MOTHERS MAIDEN NAME	L.S.A.						
13.	Jess Williams Cora Vincent							
15. (Ye	5. Wos Deceosed Ever in U. S. Armed Forces? [es,no or unknown]/[If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS						
	NO AGNES WILLIAMS.							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH						
	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	**************************************						
ANTECEDENT CAUSES (B) COChar (J) (Lland) DUE TO (WHINTER)								
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	af a f						
ATION	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF COLUMN CAUSES OF COLUMN CERTIFYING CAUSES OF COLUMN CERTIFY CERT	F DEATH?						
CALC	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg	ive exect locohon)						
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work	/						
	22. I certify that (this hospital) attended the deceased from 19.5 to	519_6.5						
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While Not While Not Work Not While Not Work Not Work								
		ATE SIGNED						
	23C. PHYSICIAN'S NAME (Type) HORMOZ AZAR M.D. 23D. ADDRESS M.D. HORMOZ AZAR M.D.	ospital						
	REMOVAL (Specify)	or county) (Stote)						
	Removal 2/9/05 Birdstown Cemetery Birdstown, Tenr	ADDRESS						
	FEB 9 1965 PLUS E TOWNER OF REGISTRAL SCHEMEN FUNERAL DIRECTOR SCHIMUNEK FUNERAL Home, 3331 Brehms Lane	Inc.						

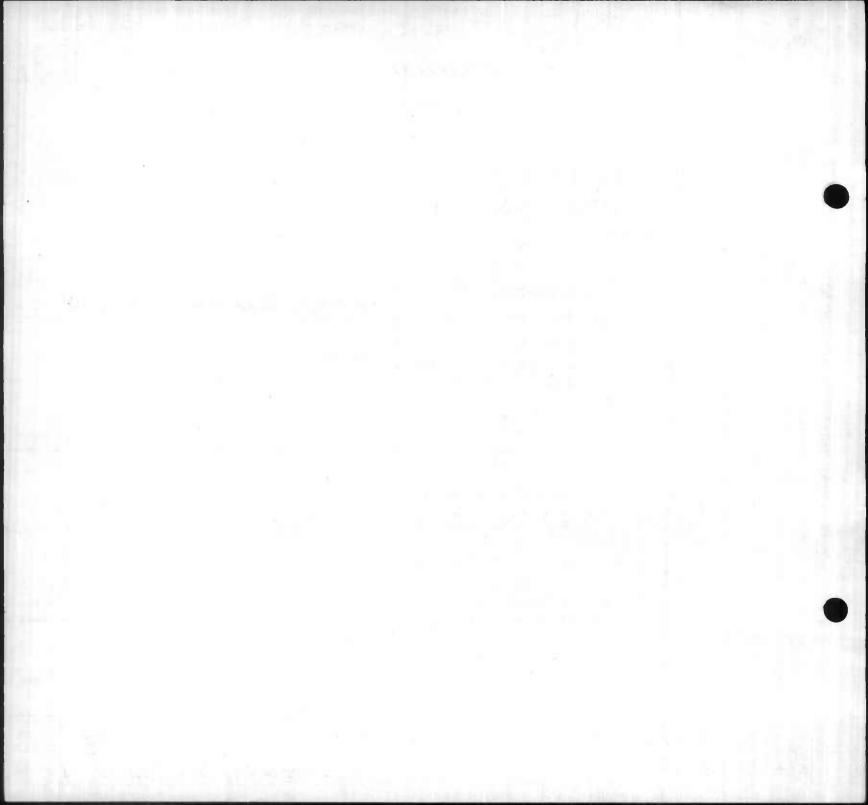
Brehms Lane



	FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT		- 2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	the chief medial by a media; (2) Body burn	lical examiner cal examiner.	or his assistant Also, if the dir e of any kind; (if death occurred in a lect or contributing cau. 1) Undetermined cause;	se of death (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	nere the pnysi to physician w before the rem	as in regular	conneed death attendance on med or final dis	was in regular affects to the deceased prior to position is made.	death. Such

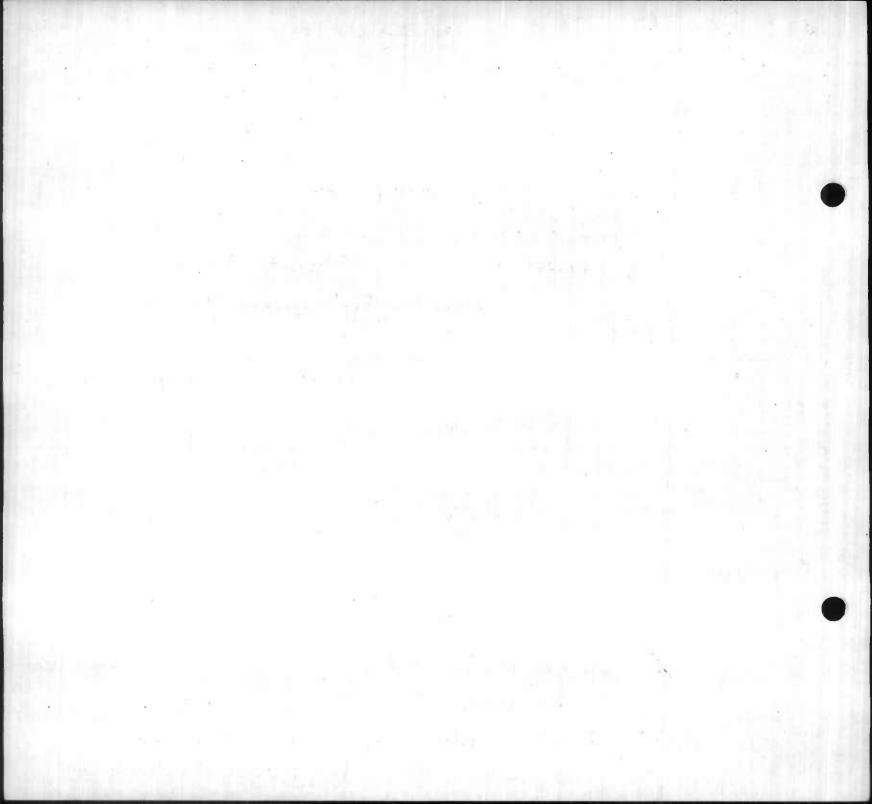
J.

	05 4494	BALTIMORE CITY	HEALTH DEPARTMENT		05 1101	
	TH NO. 65 1431	CERTIFICA	TE OF DEATH	Registered No.	65 1431	
1, I (Ty	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 2. Local State 4. USUAL RESIDENCE (Where deceosed lived, If institution: lesidence before admission) A. STATE B. COUNTY				
	FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddiess or location) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)				
3	THE JOHNS HOPKINS HO					
		2242 EAST FAIRMOUNT AVE.				
F	EMALE WHITE W	RIED, NEVER MARRIED DWED, DIVORCED (specify)	6-17-98	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
do	N. USUAL OCCUPATION (Give kind of work 10B, KIN le during most of working life, even if retired)	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
	ADOLPH MARTINI	JULIE SCHISSLER				
1.5. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ai unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO,	MRS. T. HeCullou		Cukley St.	
MEDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heat failure, asthenia, etc., Il means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	(B) DUE TO ving Ihe (C)	reserved In		48 hrs	
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work		IURY OCCUR?		
	22. I certify that (I) (this hospital) ottend that (I) (we) last sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PAYSICIAN'S NAME (Type)	on	19 ond the leading Med.		•	
25	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2-5-65 A. DATE REC'D BY HEALTH DEPT. FEB 9 1965 150-REV. 1/1/65	C. NAME OF CEMETERY OF CRI	1 1 5	4	Iy, town, or county) (State) ADDRESS Bulto. St.	



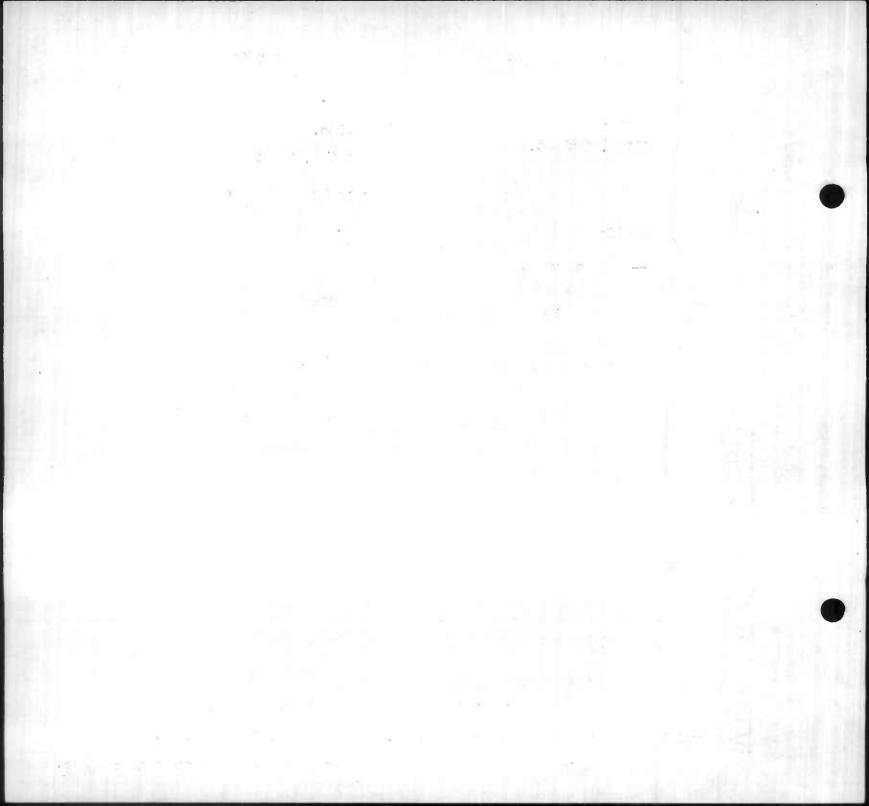
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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		P A Arres		BALTIMORE CITY	HEALTH DEPARTMENT		C5 1400	
	H NO.	5 1432		CERTIFICA	TE OF DEATH	Registered No	65 1432	_
1. N	AME OF DEC	EASED			2. DATE A	IND HOUR OF DEATH		
Пур	e or Print)	Burgan, Mar	rie J.		Feb	ruary 5 1965	7.50P	M.
3. P	LACE OF DEA	TH IN BALTIMORE, MA		PART AT		nere deceased lived. If inst	litution: residence before admissio	n)
. 1	FULL NAME OF (II not in hospital or institution, give stre oddress or location) INSTITUTION			, give street	Maryland c. city or town (if a	utside city limits, write RL	Salts RAL and give township)	_
"	NSTITUTION				Baltimore	#6	33-00	
		St. Joseph	Hospit	al	1235 64th	f rural, give location)		
5. \$					B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months: Doys Hours Min.	i .
Fe	male	white	sing	10, never marri	.ed 12-2-09	55		
		JPATION (Give kind of work working life, even if retired)	^	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?	_
	Sal	eswoman	Bal	Liey	Maryland		USA	
13. [ATHERS NAM	AE			14. MOTHER'S MAIDEN N			
	200	seph Borgs			- 4	4 Deppart		
15. V (Yes	Vas Deceosed ,no or unknown	Ever in U. S. Armed Fore	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			217-20-7592	EVA BIGGERM	IAN 7912 38	and St	
	18. 26	OXI		CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH	Π
	DISEAS	SE OR CONDITION DIR	ECTLY	2				
	LEADING TO DEATH (A) Diabetes mellitus; arteriosclerosis (A) Diabetes mellitus; arteriosclerosis (A) Diabetes mellitus; arteriosclerosis							
	meet tonde, oshello, etc. It fleons the disease,							
	(P)							
				DUE TO		a de conservado do Conservado de como que desta de que propriede propriede de las propriedes que de conservado de forte que desta de conservado de forte que desta de conservado de forte que de conservado de forte que de conservado de conser	page 4 (may - daile do 2 de	2240
		OR CONDITIONS, il above couse (A)						
		G CONDITION lost.		\$ \$\frac{1}{2} \text{described \$\text{things} \text{things} \text{things} \text{described \$\text{things} \text{things} \text{things} \text{things} \text{things} \text{things}			homework distriction and early in a dealer analysis and analysis and a dealer and a	
		II-						_
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
IC/		OPERATION 1198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or)	No. 208. IF YES, WERE FI	NDINGS CONSIDERED	hibrani's
CERTIFIC	February 3,1965 vascular d			disease Yes Yes				
_	OR CONTRIBL	TING CAUSE OF medical examiner	h	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)	
0	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		annia.
W	OF INJURY (APPROX.) While A			Vhile At Not While At Work				
	22	abox (1) (abis bosnian)		T	Dec. 26	19 64 to Feb	e 5 19 65	-
	Feb 565							
	the triangle of the desired of the date							
	ond haur and from the causes stated above. (1) (We) (dld) (did nat) view the body after death. 23A. SIGNATURE Last 1/9 23B. DATE SIGNED							
	11	15. 1a	ude	Inf M.D. Alle	mding Med. Director	Stoff Phys.	February 6, 1965	
	23C. PHYSICIA	N'S ype)			23D. ADDRESS			
		William B. V	andeGr	ift, M.D.	1400 N. Caro	lineSt. Balt	o. 21213 Md.	
24A	BURIAL CRE	MATION, 24B. DATE Specify)	24C.	NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (City	, town, or county) (State)	
	BURIA	2-9-6	5 H	oly Recleaner	(envetery	Baltimore,	Mcl-	
25A	. DATE REC'D	1000	25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTO	4 1 4	ADDRESS	_
	1	EB 9 1965	Rober	DE Tarbertin	Thilip F.C.	vach 1211 C	hesAco Hue.	
V\$	150-REV. 1/1/	65			· ·			



This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the death	IMPORTANT	. Also, if the direct or ure of any kind; (4) Unde oncoursed death was in	r attendance on the de
	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was in	deceased prior to death); and (6) No physician was in regular attendance on the dea

eel	4. USUAL RESIDENCE (NA. STATE B. COMMO. C. CITY OR TOWN (III Balto. D. STREET ADDRESS 317 E. 29	DUNTY / 2	institution: residence before admission) RURAL and give township)	
MARRIED B.	a. state Md. c. city or town Balto. b. street address 317 E. 29	outside city limits, write	2-03	
MARRIED B.				
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months: Days Hours M 69			
ESS OR INDUSTRY	3/19/90 1. BIRTHPLACE (Stote or Va.	- /	12. CITIZEN OF WHAT COUNTRY?	
14	4. MOTHER'S MAIDEN	NAME		
CIAL CURITY NO.	7. INFORMANT Family		ADDRESS	
(B)	V	aleinona		
OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
OF INJURY (e.g., in c	or obout 21C. WHERE DIE	O (If in Baltime)	AUSES OF DEATH?	
Y OCCURRED Not While [INJURY OCCUR?		
eased from (did) (did not) vie	ding Med. Director D. ADDRESS 20 3	that in (my) (our) op th. Stoff Phys. Patapsco		
CEMETERY OF CREM	AATORY 24E	LOCATION (C	City, town, or county) (State)	
	M.O.	M.O. Bal CEMETERY OF CREMATORY Durg, Cem.	M.O. Baltimore, Md.	



contributing cause occurred (4) Undetermined death 2 or MOS direct IMPORTANT assistant death kind; any pronounce Also, of fracture by the chief medical examiner FUNERAL DIRECTOR: examiner. PO 3 (2) physician medical burns; Body 0 0 to the hospital by 3 where nature; approved (except any

was released

the body

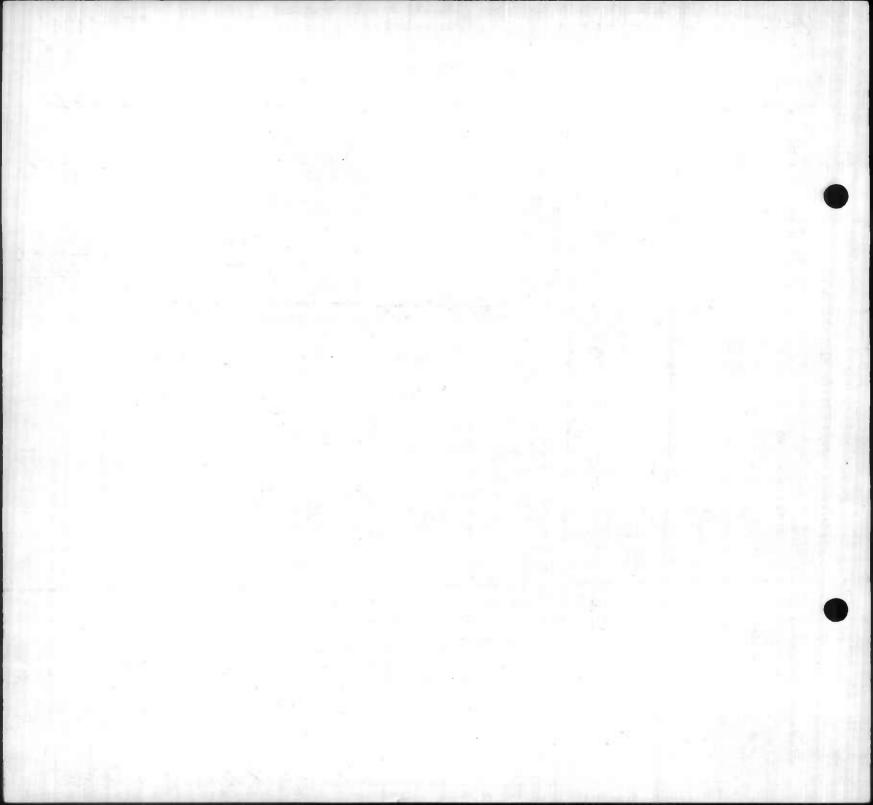
certificate must

of death

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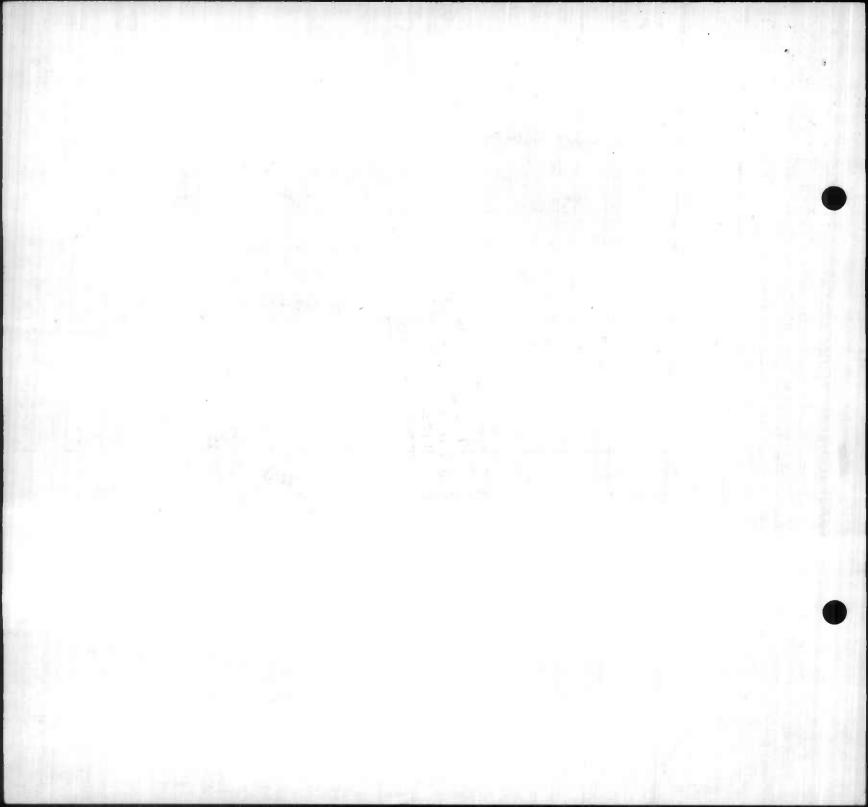
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. OF DEATH > BIRTH NO. Deceased Such M.E. CASE NO. I NAME OF DECEASED 2, DATE AND HOUR OF DEATH uo (Type or Print) DRUG eath. USUAL RESIDENCE (Where deceased 3. PLACE OF DEATH IN institution: residence before admission) ance STATE (2) a FULL NAME OF (If not in hospital or institution, give street TO oddress or location) CITY OR TOWN write RURAL Hospital For the cause; attend INSTITUTION mo prior STREET ADDRESS rural, give location) marylan is made. regular 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX deceased WIDOWED, DIVORCED (specify) Hours ARRICOIDS Separated 10 -20-1 11. BIRTHPLACE (State of foreign country) OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? final disposition most of working lile, even if retired) ousc U.S /aware 13. FATHERS NAME the 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 0 7. INEORALAN 6. SOCIAL ADDRESS SECURITY NO. attendance INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, to the obave couse (A) stating the the remains UNDERLYING CONDITION last, No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME 21 E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While r (APPROX.) At Work Work and 22. I certify that (1) (this hospital) attended the deceased from 6.5 and that in(my) (aur) apinion death accurred on the date pe that (I) (we) last saw the deceased alive on... of death) hospita must and have and from the causes stated above. (1) (We) (did) (didnet) view the bady after death. An accident 23A. SIGNATURI 23 B. DATE SIGNED Stoff Phys. Attending Phys. Med. M.D. 0 written approval Director 0 23C. PHYSICIAN 23D. ADDRESS prior 40 NAME (Type M.D. ELMWOOD MORL 24A. BURIAL CREMATION. deceased D.0. REMOVAL (Specify shows: MOS 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



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	LTIMORE CITY HEALTH DEPARTMENT
	RTIFICATE OF DEATH Registered No. 65 1435
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF/DEATH
(Type or Print) WOLBERG, SAMUES	2/4/65 541 P.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Institution Sinai Saspital	Belto.
coal to md	D. STREET ADDRESS (If yord, give location) 3 331 Clarks Lane. CLARKS LANE
5. SEX 6. RACE 7. MARRIED, NEVER M WIDOWED, DIVORCE MARRIED NEVER M WIDOWED, DIVORCE	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dane during mast of working lile, even if retired) SAESMAN FURNITUM	er Milwaukee, Wisconsin USA
13. FATHERS NAME MAX WOLLERG	14. MOTHER'S MAIDEN NAME Rebecca ?
15. Wes Decesed Ever in U. S. Armed Ferces? 16. SOCIA	
18. 4.20.1	A CEUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	(A) While mysendulasperta.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cour ID
injury or camplication which caused death.)	
1 = - ;	Dys. 40
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	19 11200
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	3 (ms)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	20A. AUTOESTATION OF THE PROPERTY OF THE PROPE
WAS ASSESSED WAS INDESCRIPTION OF THE OWNER.	NO.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF hame, form, form, forc.,	F INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) actory, street, office bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, FNJURY C	DCCURRED 21 F. HOW DID INJURY OCCUR?
(APPROX.) While At	Not While At Work
22. I certify that (I) (this hospital) attended the deceas	sed from DNA 19 to 19
that (I) (we) last saw the deceased alive an	
and haur and from the causes stated above. (1) (We) (di	
23A. SIGNATURE	23B, DATE SIGNED
- lac June	M.D. Attending Med. Director Phys. 4 2 - 4 -6 5
23C. PHYSICIAM'S	23D. ADDRESS
NAME (Type) Lee E. Gresser	M.D. Crai Ker fal of Balto.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	METERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 2/7/1965 Mikro	KODESH-BOTH ISBAEL BALLMORE MORYLAND
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTS	PAR OLIMA TEC. FUNERAL DIRECTOR TADDRESS
EEB 9 1965 Olever E. J	LOCAL LEWIDSON + BROS. LUC 6010 Keisterstown
VS 150-REV. 1/1/65	R



IMPORTANT the chief medical examiner DIRECTOR FUNERAL 0 the hospital

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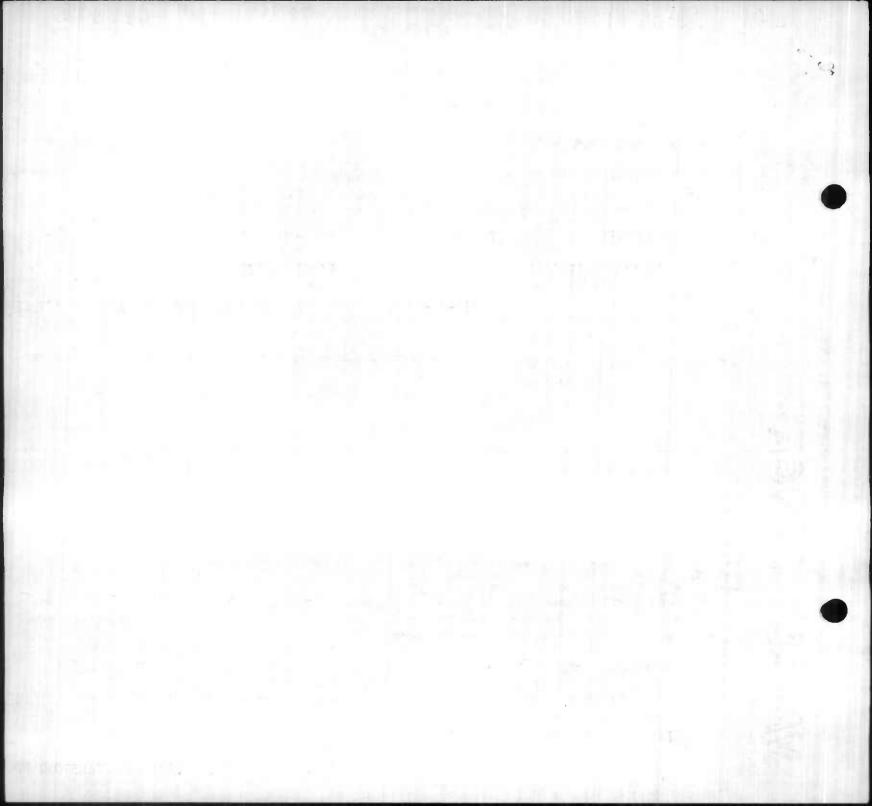
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location) (If outside city limits, write Hosp. OF BALTIMORE WHITELOCK made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours Months Doys WIDOWED, DIVORCED (specify) lost birthdoy AFRIC 4, 1890 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 4.5.A MARYCAND HOUSEWIFE AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ABRAHAM SWITHGALL FANNIE KATZEN 15. Was Deceased Ever in U. S. Armed Forces? 17, INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotos of solvice) SECURITY NO. 600 WHITELOCK ST APT EE 216-12-6081 MISS HELEN SHEARER CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH CARCINOMATOSIS (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.) ENOCARCINOMA @ BREAST ANTECEDENT CAUSES GIE DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BOWEL DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) MEDICAL DEATH (notify modical examined obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Al Work 22. I certify that (D) (this haspital) attended the deceased from... 19 65 ond that in (my) (our) apinion death occurred on the date that (A) (we) last sow the deceased alive on and hour and from the couses stated above. (1) (WE) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Director Stoff Phys. Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typo) MELVIN M. FRIEDMAN 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION 2/7/65 SHAAREI TFILOH BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD VS 150-REV. 1/1/65



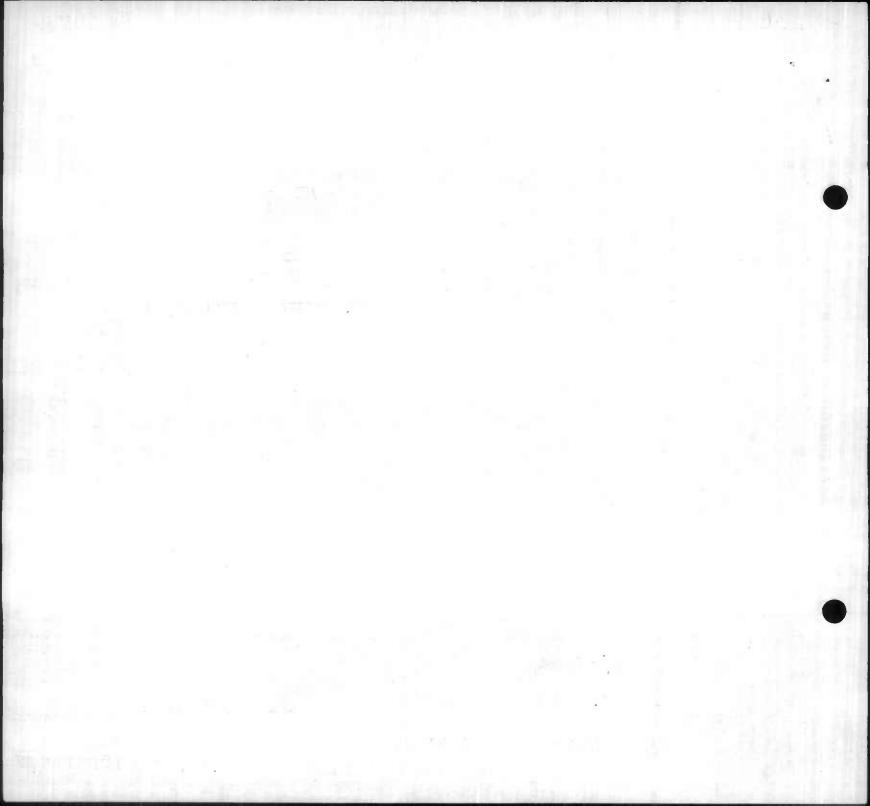
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PLACE IN BALTIMORE, MAIN PLACE IN BALTIMORE, MAIN ULL NAME OF OSPITAL OR ADDRES ISTITUTION BEL VEDERE NURSIN	YLAND, WHERE PRONOL	OOKSMAN		DATE AND HOUR PRONOUNC	ED DEAD 8:00 P.M.
PLACE IN BALTIMORE, MAI JLL NAME OF (IF NOT OSPITAL OR ADDRES	YLAND, WHERE PRONOL				0 00 0
JLL NAME OF (IF NOT OSPITAL OR ADDRES ISTITUTION	YLAND, WHERE PRONOL		1	2-7-65	1 8.00 PM
OSPITAL OR ADDRES	IN LICEDITAL OF INSTITU		A. STATE Maryland	CE(Where deceased lived. If inst B. COL	titutian: residence before admission)
EL VEDERE NURSIN	S OR LOCATION)	ITION, GIVE STREET	C. CITY OR TOWN	(If autside corporate limits, write	RURAL and give tawnship)
			Baltimor So. STREET ADDRESS	S (If rurol, give location)	
	VEDERE AVENUE		3314 Cla		ngn
Male 6. RACE White	WIDOWED, I	NEVER MARRIED DIVORCED(specify) rried	March 2	9. AGE (In years last birthdoy) 7. 1899 65	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
A. USUAL OCCUPATION (Giv ne during most of working life, ev	en if retired)				12. CITIZEN OF WHAT COUNTRY?
Distributor FATHER'S NAME	Maryla	nd News Co.	Baltimore	Maryland DEN NAME	U.S.A.
Samuel Fooks WAS DECEASED EVER IN U	J.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Anna S	HERR	ADDRESS Atp. "F"
NO		212-03-2202	Mrs. Est	her Fooksman, 33	
TO THE DEATH BU	NT CAUSES IONS, IF ANY, GIVING AUSE (A) STATING THE ION LAST. I DONDITIONS CONTRIBUTING T NOT RELATED TO TO N CAUSING IT.	HE			
19A. DATE OF OPERATION	19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	Yes	es ar Na) 20B, IF YES, WERE FI IN CERTIFYING CAU Yes	SES OF DEATH?
21A, EXTERNAL CAUSE W UNDERLYING OR CONTRI UTING CAUSE OF DEAT	B← home	PLACE OF INJURY (e.g., farm, factory, street,	in ar about 21C. WHE	ERE DID (If in Baltimare City, g CCUR?	ve exact location)
21D TIME (Month) (OF INJURY (APPROX.)	V	VHILE AT NOT AT W	WHILE	DID INJURY OCCUR?	
	eld an Inquiry Adviral causes A		apsy y and the Hamicide CHIEF MED	Undetermined mann	
		BETH JACOB	CREMATORY	FINKSBURG, M.	, town, ar county) (State)

TO BE ENGLISHED TZDETERNING DILLEGE & PERMENTING

VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. 65 1438	CERTIFICA	TE OF DEATH	Registered Na	65 1438
(Type or Print) Fanne	SHOR	JEB JEB	HOUR OF DEATH	1:15AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where B. COUNTY	doceased lived. If instit	lution: residence before odmission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddross or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outsi	de city limits, write RUI	RAL ond give township)
MONTEBELLO ST	TOTE HOSP.	D. STREET ADDRESS (If run	rol, give locotion) MADIS	SON AW
	WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. II Undor 24 Hrs. Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even of refired)	OF BUSINESS OR INDUSTRY		0	12. CITIZEN OF WHAT COUNTRY?
House much	AT Homa	RUSSII		U.S.A.
samuel Barshop		14. MOTHER'S MAIDEN NAM	GREENS	PAN
15. Was Deceased Ever in U. S. Armed Forcas? (Yas, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURLY NO.	17. INFORMANT		ADDRESS APT
not know	7	MRS. ANNETTE WET	INTRAUB 3703	
18. 416 X 1	CAUSE O	F DEATH	7 10 100	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ce	ubral The	mhosin	
(This does not mean the made of dying, the heart failure, asthenia, etc. It means the disec) I 6 4
injury or camplication which caused death.)	AT	RIAL FIA	NILHIO	2/7/
ANTECEDENT CAUSES	DUE TO	1 / 0		7
DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating UNDERLYING CONDITION tast.		levenleit	Hend In	You.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yos for No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21B. PLACE OF INJURY (e.g., i homo, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
S OF INJURY	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	1 3 3 1
(APPROX)	Work At Work	100 2/2	15 In	18 5
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive to	Tok	1919	in(my) (our) opinio	on death accurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did nat) :	view the bady after death.		
REUBEN C. QUERRERO	moner M.D. Att		itoff hys.	2 8 65
23C.PHYSICIAM'S NAME (1700) RE UBEN C. GUERRERO		230. ADDRESS MONTEGELLA	STATE US	SP
	C. NAME of CEMETERY or CR	EMATORY 24D. LO	CATION ICity,	town, or county) (State)
BURIAL 2/9/65	HR KNESSETH ISRA	AEL ANSHE SFARD	BALTIMORE	MARYLAND
FEB 9 1965 PL	BE Falley MA	SOL LEVINSON &	BROS.INC.601	O REISTERSTOWN RI



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Checased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner.

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BIRTH NO. 65	1439		CERTIFICA	ATE OF DEATH	Registered No.	_651439
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)	ARRY COM	<u>-</u>	MONERE		HOUR OF DEATH	65 437 Am
	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		nstitution: residence before admission
FULL NAME DE HDSPITAL DR INSTITUTION	(If not in hospital oddress or lacotio		give street	WD 6	3 SOMIT FAC	RURAL ond give township)
1113111011011				BUSTIMOR	E	
VHION	MEMORIE	170581	TAL	D. STREET ADDRESS (IF	rural, give location)	ST. Apt 1024
Mak 6	Cau	WIDOWED	NEVER MARRIED DIVORCED (specify)	5-24- d8	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
		1	BUSINESS OR INDUSTR	Y 11. Banne ACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	orking life, even if retired) NO OPERATOR	SAL	-65	RUSSIA		VSA
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	NOM MON	1,00		DORA.	BUNNE	ADDRESS # 1024
(es, na ar unknown)	lf yes, give wor or date		SECURITY NO.	17. INFORMANT	11.5	1 1 1 1
NAIC	NIX		VNK	MRS. PANDIE	MON MEED	3501 St. Paul St.
18. 420	/ 1		CAUSE	OF DEATH		ONSET AND DEATH
	OR CONDITION DI	RECTLY	11	YOCARDIAL 1	GOIF 20136	36 HRS
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E TO THE DE	CANT CONDITIONS CATH BUT NOT RELATED TO CAUSING	ATED TO TH	E GNE	AIN		
19A. DATE OF C	OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	hom	e, form, factory, street,	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exoct location)
0 21 D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED		URY OCCUR?	
OF INJURY	N1/D		le At Not Wh			
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that (1) (we) 1	ost sow the deceose	ed olive on	& FEBRUAR	19 65 ond th	nat in (my) (our) opi	inion deoth occurred on the do
				view the body ofter deoth.		
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C. 0	D 9.101	11.41	M.D. A	ttending Med. Director	Stoff	4 Engran 196
23C. PHYSICIAN	2000	2,460	5 1	23D. ADDRESS	Phys. LN	3 1300000 1110
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REMOVAL (Sp	ecify)	25-				
BURIA			1 TFI LOH		BALTIMORE	MARY LAND
	HEALTH DEPT.	D D MAME C	E TOUR MA	25C. FUNERAL DIRECTO		ADDRESS
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		BALTIMORE	CITY HEALTH DEPARTMENT	05 1110
BIRTH NO. 65	1440	CERTIFI	CATE OF DEATH Registered	No. 65 1440
M.E. CASE NO.	EASED		2. DATE AND HOUR OF DEA	ATH
Type or Print)		DINKIN	FEBRUARY 6. 19	120
PLACE OF DEA	TH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Whore decoosed lived.	
FULL NAME O	F (If not in bosnital a	or institution, give stroot	MARYLAND	2-7-19
HOSPITAL OR	oddress or location)	C. CITY OR TOWN (If outside city limits, w	rito RURAL and give lownship)
	MARLENE GLE	EN APTS	BALTIMORE	
	3421 GLEN A	NVENUE	D. STREET ADDRESS (If rurol, give location 3421 GLEN AVE (MARLE)	
MALE MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	y) 8. DATE OF BIRTH 9. AGE (In years lost birthday) 76	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)	10B, KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	IANT (RETIRED)	DRY GOODS	RUSSIA	USA
FATHERS NAM	AE		14. MOTHER'S MAIDEN NAME	
1	BRAHAM DINKIN	1	HILDA DIANE ?	
5. Was Deceased	Ever in U. S. Armed Ford (If yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		215-01-412	8 MRS. NORMA FINEBLUM	2702 GEARTNER RD
heart failure, injury at cam DISEASES Conise to the UNDERLYING	of mean the mode of asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	any, giving	etustatic lung Cance iman, carcinoung & Kedn	y 2 years.
TO THE D	FICANT CONDITIONS CONTINUES OF THE PUT NOT RELA CONDITION CAUSING IT	TED TO THE		
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OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner)	21B. PLACE OF INJURY (homo, form, foctory, stroetc.)	e.g., in or obout 21C. WHERE DID (If in Boltet, office bldg., INJURY OCCUR?	timoro City, givo exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		While Work 21F. HOW DID INJURY OCCUR?	
		attended the deceased from dalive on 20	19 6 to	apinian death accurred an the da
		ed abave. (1) (We) (dld) (did -	et) view the bady after death.	Top DATE CONFD
23A. SIGNATU	PA A P) / M.D.	Attending Med. Stoff	23B, DATE SIGNED
22 C BUNSIEL	Shillon C.	Mary "	Phys. Director Phys.	2/6/65
23C. PHYSICIA NAME (T	SHELDON KRA	(VITZ)	M.D. 6715 PARK HEIGHTS AVE	NUE
AA. BURIAL CRE	MATION ZAR DATE	24C NAME OF CEMPTERY	CREMATORY 24D LOCATION	(City town or county) (State)

25A. DATE REC'D BY HEALTH DEPT. FEB 9 1965 25B. NAME OF AEGISTRAR DELIMINA

SHAAREI ZION

2/7/65

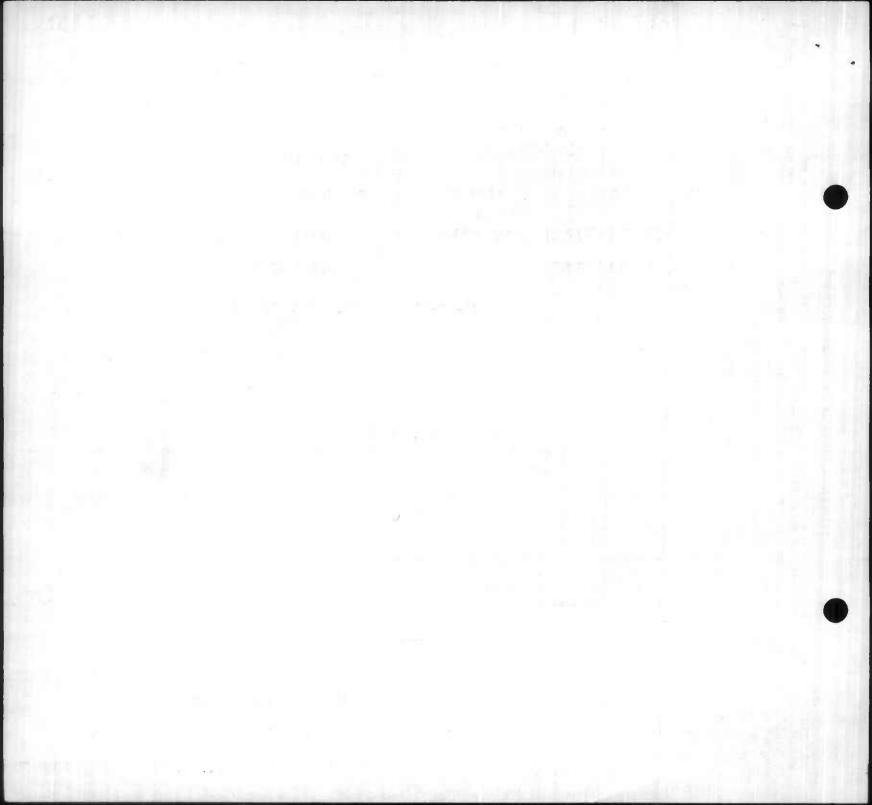
25C. FUNERAL DIRECTOR ADDRESS
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

BALTIMORE

MARYLAND

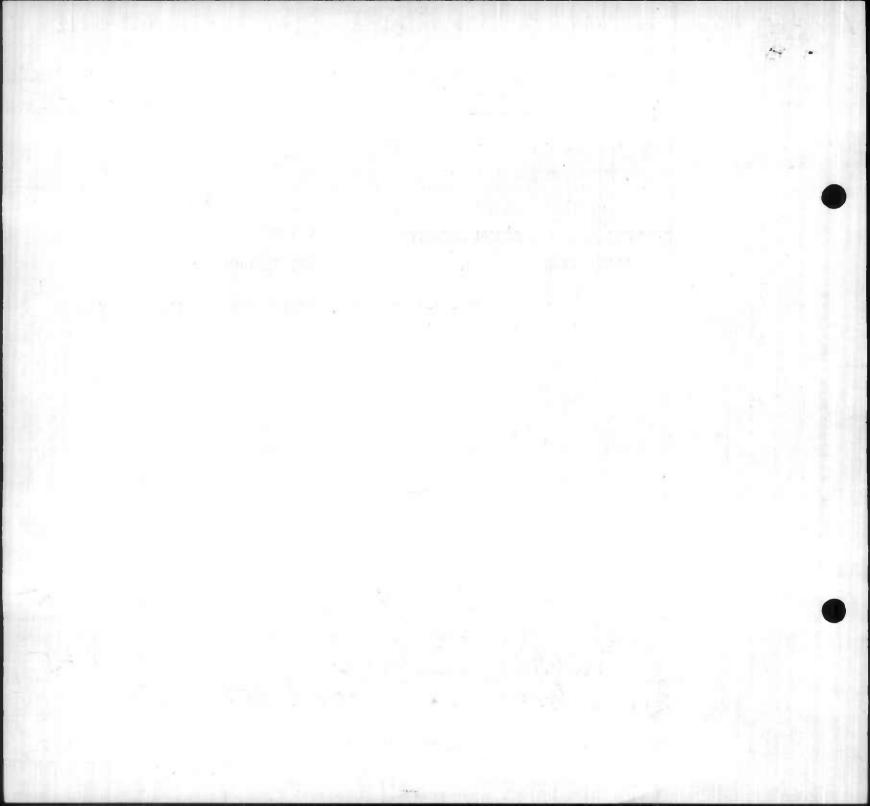
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DAY



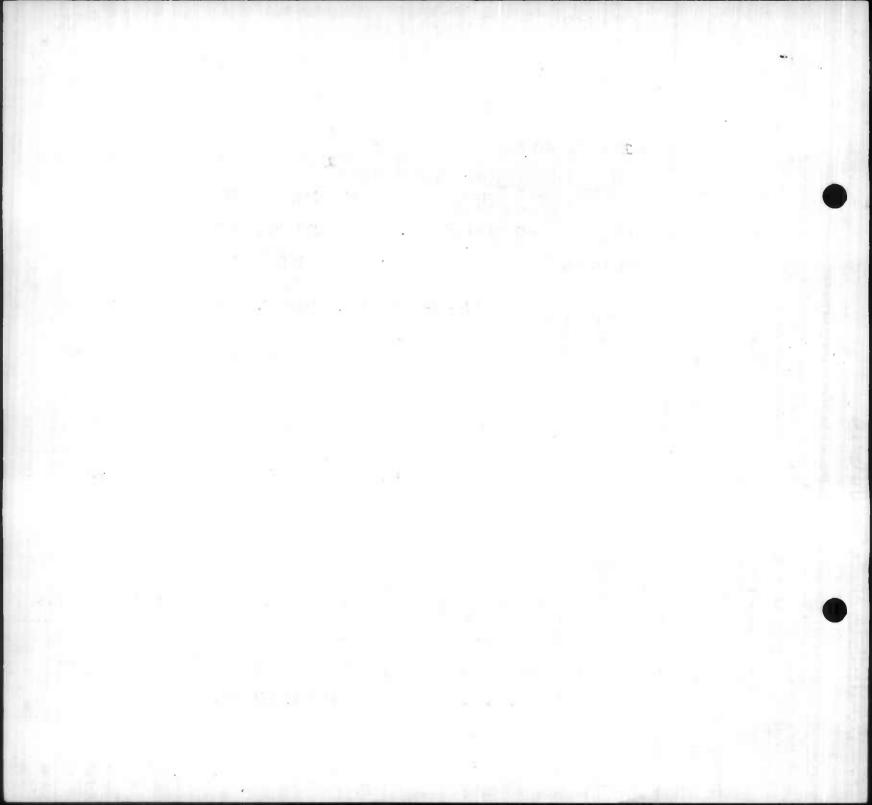
FUNERAL DIRECTOR: IMPORTANT	CTOR: 1			2	-/
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased on was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	aminer or aminer. A A fracture vho prono regular at	his assistan lso, if the d of any kind; unced deatl tendance or	irect or contributed. (4) Undetermine has in regulant the deceased isposition is made	red in a hospital uting cause of d ed cause; (5) Dece ar attendance on prior to death.	and of the Court o

	BALTIMORE	LIT HEALTH DEPARTMENT	65 1144
IRTH NO. 65 1441	CERTIFIC	CATE OF DEATH Registered N	0. 00 1441
NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
Type or Print) NORMAN	TAUB	2/6/65	1 6 12 F D
			9:25 7
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived. I	f institution; residence before admission
		A A	7 7-11
FULL NAME OF (If not in hospital or i	institution, give street	MO BALI	2/-//
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)
		BALT	
SINAI HOS	21-11	D, STREET ADDRESS (If rurol, give location)	
7007	MICHE		,
		5/15 VA	LL MALL AD
SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Tr. If Under 24 Hrs Months Doys Hours Min.
No Ole 1 shile	WIDOWED, DIVORCED (specify)	1010 tost birthdo	Months Doys Hours Min.
1-CAIC COUNTY	MARRIED	618/18 46	
	B. KIND OF BUSINESS OR INDU	STRT 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
COMPUTER	SOCIAL SECURITY	NEW YORK	USA
FATHERS NAME	SUCIAL SECURITY	14. MOTHER'S MAIDEN NAME	
JOSEPH TAUB		ROSE FISHMAN	
. Was Deceased Ever in U. S. Armed Forces	? 16, SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes o		17. INFORMANT	ADDRESS
YES ARMY WW 2	084-01-644	I HOC DODOTHU TAND FO	ITE DALL HALL DO
		11110 0 0 0 1 10 1 11 1 1 1 1 1 1 1 1 1	115 PALL MALL RD
18. 4. 2 1)	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TIV		ONSET AND DEATH
LEADING TO DEATH	.161	Acute myocardial ulufa	.+
	(A)	Take Mayo and waya	KA
(This does not mean the mode of dy heart failure, asthenio, etc. It means the	ning, e.g., DUE TO		
injury or complication which coused de		V	
	(B)		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any	, giving		
rise to the obove cause (A) st			
UNDERLYING CONDITION lost.			
14			
OTHER SIGNIFICANT CONDITIONS COM	IT DIGITING		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDIT		20A-AUTOPST? (Tes or No.) 20B. IF TES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
WAS PERFOR	RMED	IN CERTIFYING	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDIT			
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURT (e	.g., in or obout 21 C. WHERE DID (If in Boltin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	t, office bldg., INJURT OCCUR?	
	Hour 21E INJURT OCCURRED	21F. HOW DID INJURT OCCUR?	
OF INJURY		While -	
(APPROX)		Vork &	
			FEBRUARY 10 65
22. I certify that (1) (this hospital) a	ittended the deceased fram.	19 US to	16 19 19 19 CD
that (1) (we) last saw the deceased	alive on +E/S. (19 CV and that in (mv) (que)	apinian death acturred an the de
1/1			apan addin accomed an ille of
and haur and from the causes stated	abave. (1) (We) (did) (did no	at) view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
1/11 010 M	11113	Attending Med. Stoff	2761
1 / / LU AV	M.D.	Attending Med. Stoff Phys.	2-1-00
23C. PHYSICIANS		23D. ADDRESS A	C a W
NAME (Type)	T) 01-00	7206 1:REATA	1/1
KAFAFL YER	CL-MEKH N	1.D. 1300 LIDER 14	KN.
4A. BURIAL CREMATION, 124B. DATE	DAG NAME / CEMPETER	CREALATORY	100
AA- BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERT of	CREMATORY 24D. LOCATION	(City, town, or county) (State)
	AUD WITCOTTI	TODATE MOUT ATION	Man Man III
BURIAL 2/8/65	OHR KNESSETH	ISRAEL ANSHE SFARD BALTI	
A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
FED O HOCK A	1 P. R. E. Jacken H	A SOL LEVINSON & BROS. INC	C.6010 REISTERSTOWN
FEB 3 1300 U	The same of the sa		
'S 1SO-REV. 1/1/65			



VS 150-REV. 1/1/65

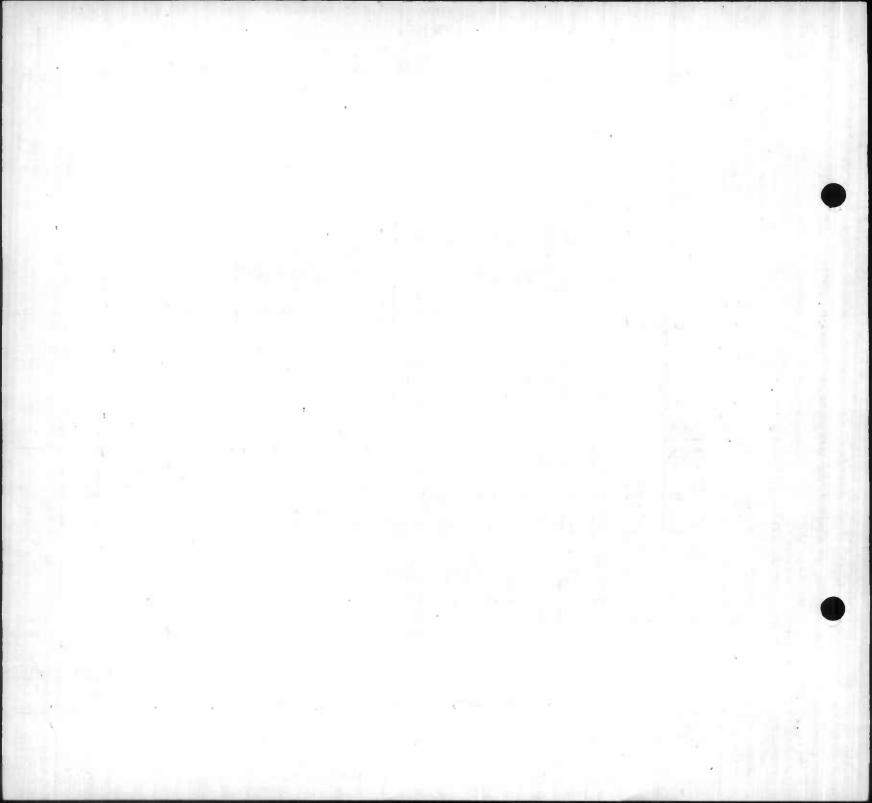
	BALTIMORE CITY	HEALTH DEPARTMENT		CE 4440
BIRTH NO. 65 1442	CERTIFICA	TE OF DEATH	Registered Na.	65 1442
T. NAME OF DECEASED (Type or Print) RALPH L. EPHRAIN	И		IARY 5, 1965	1 6:30 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WILL A, STATE B. COU	here deceased lived. If in	stitution: residence befare admission)
FULL NAME OF (If not in haspitot or institution, give	e street	MARYLAND		13-02
HOSPITAL OR oddress or lacation) INSTITUTION		C. CITY OR TOWN III O	outside city limits, write I	RURAL and give township)
22 2 8 LINDEN AVENUE		D. STREET ADDRESS	If rural, give lacation)	
		22 2 8 LINDEN	AVENUE	
MALE WHITE WIT	DOWED (specify)	5/30/1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BI done during most of working life, even if retired) RETIRED HAT MAN	usiness or industry UFACTURER		E, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME ISAAC EPHRAIM		14. MOTHER'S MAIDEN N. ESTHER	AME	
15, Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknown)(If yes, give war ar dales of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11/2	214-01-2496	MRS. MILTON .	J. HAAS 2408	KEN OAK ROAD
18. 33 X + 177X	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) (Po)	relan- Vascula	u acc	2 ma
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO			
injury or camplication which caused death.) ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	*************************	************************************	
		10		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	Careino,	millos tate		4 gro.
198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF Cause As Contribution (cause of Contribution Cause of Contribution Cause of C		n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN While (APPROX.)	At Not While At Work		NJURY OCCUR?	1 1115
22. I certify that (I) (this hospital) attended the	deceased from	1960	ta	2/5 1965,
that (I) (we) last saw the deceased alive an	2/5	1965 and	that in (my) (aur) api	nion death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death	1.	
Dec 1 As X a co.	M.D. Atto	ending Med.	Stoff	23B. DATE SIGNED
22C. PHYSICIAN'S		23D. ADDRESS	Phys.	70/6
NAME (Type) EDWARD KALLINS, M.	D. M.D.	4300 LIBE	RTY HEIGHTS	AVENUE
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CR	EMATORY 24D.		ty, town, at county) (State)
BURIAL 2/7/65 BALT	TMORE HEBRE		BALTIMORE	MARYLAND
FEB 9 1965 PLEASE	E Failey M.A	SOL LEVINSON		6010 REISTERSTOWN R



VS 150-REV. 1/1/65

3. P	MUGOWSK PLACE OF DEATH IN BALTIMO	I. CHARLE	ES CKAZIMIER	4. USUAL A. STATE		ruary 5, 190 re deceased lived. II i		9:55 P.
H	FULL NAME OF (If not in I HOSPITAL OR oddress of NSTITUTION	hospital or institut r location)	tion, give street	Md.	TOWN (If our	tside city limits, write	RURAL ond	give township)
		eph Hosp	ital	D. STREET		rural, give location)	Hellbe	27-0
5. S	Male White	Wide	RIED, NEVER MARRIED OWED, DIVORCED (specily) dowed	8. DATE OF	01	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under
	LUSUAL OCCUPATION (Give kin e during most of working life, even if	retired)	apeake Shoe Mfg.			gn country)	12. CITIZE WHAT	COUNTRY?
13.	FATHER'S NAME		1		R'S MAIDEN NA	ME		17
15.	Was Deceased Ever in U. S. Ar	MUGO	1 6 SOCIAL	17. INFORM	MKNOW	17		ADDRESS
(Yes	s,no or unknown) (If yes, give war	or dates of serv	212.03-6229	JOHN	MUGAWA	KI 8361	Y CHES	TED S
	18. 527.1		CAUSE O	F DEATH	1100000	11/ 0007	1N	ITERVAL BETWI
	DISEASE OR CONDITI		D. 3					
	(This does not mean the m		e.g., XXXXXX	onary e	mpnysema	and carcin	oma	
	heart foilure, osthenio, etc. It injury or complication which		ease,	r esapi	iagus.			
	ANTECEDENT C		(B)					
	DISEASES OR CONDITION	S, if ony, g	DUE TO iving					
	rise to the above cous		lhe (C)			400 0 0000 0 P- P0P 0 PP P-01 400- P4 600		
	11	-						
ATION	OTHER SIGNIFICANT CONDIT							
	DISEASE OR CONDITION CA	U SING IT.	FOR WHICH OPERATION	120A ALI	TORSY2 (Yes at No	N 208 IE VEC WEBE	FINDINGS	ONSIDERED
CERTIFIC		AS PERFORMED		Y	es	IN CERTIFYING CA		ATH?
CER	21 A. ACCIDENT WAS UNDER	LYING	218. PLACE OF INJURY (e.g., i	or obout 21	C. WHERE DID	(If in Boltimo		exact location)
AL	OR CONTRIBUTING CAUSE	1)	home, larm, loctory, street, o	tice blag., IN	JURI OCCUR:			
MEDIC	21 D. TIME (Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21	F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)		While At Work Not While At Work					
	22. I certify that (I) (this h	ospital) attenu		Feb. 3		19 65 to F	eb. 5	10
			Fab 5	19	65	at in(my) (aur) ap	Injan death	···
	that (1) (we) last saw the d			iew the ho		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
		es stated above						
	and hour and from the caus 23A. SIGNATURE	es stated abar	1, (,, (,, ,, (,, ,, (,, ,,),),),		•		23B. DATE	SIGNED
	and haur and from the caus	es stated aba	/ / 6 M.D. Att	ending [Med.	Stall X		
	and hour and from the couse 23A. SIGNATURE 23C. PHYSICIAN'S	des stated aba	M.D. Atte	ending [Director 🔲	Stall Phys.		ary 6, 1
	and hour and from the couse 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	des stated above B. Vand	M.D. Att. Phy	ending 23 D. ADDRE	Director 🔲	Stall Phys. K	Februs	ary 6, 1

JOHN M. WEBER +SONS INC. 401 S, CHESTER ST



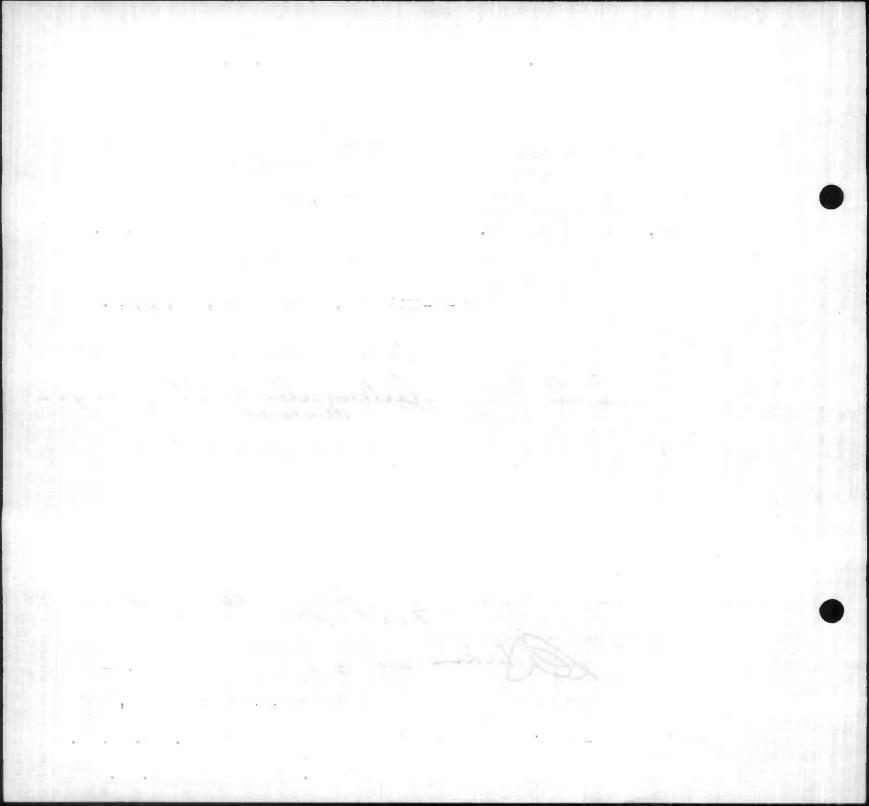
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	CE AAAA	BALTIMORE CITY	HEALTH DEPARTMENT		65 1111
	TH NO. 65 1444	CERTIFICA	TE OF DEATH	Registered No	65 1444
1,	E. CASE NO. NAME OF DECEASED ppe or Print)	10 -	2. DATE AND	HOUR OF DEATH	
3.	PLACE OF DEATH IN BALTIMORE MANYLAND	IA E	14. USUAL RESIDENCE (Where d	deceased lived If inc	M. Itution: residence before admission)
			A. STATE	Pared	15-10
	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN CITY OURSIA	le <u>Eity limits</u> , write RI	JRAL and give township)
	6 1/	0	13ali	timore	
	SINAI Hospital		3907 Wold S	hring La	ne WEST.
	T. Cauc WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	Mar 23 1892	AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) 10B, KIN ne during most of working lile, even if retired) TOWNERS TOWN	D OF BUSINESS OR INDUSTRY	Balto Md	country)	12. CITIZEN OF WHAT COUNTRY?
13	John Henry &	Kores	Jarah Refect	en Tyle	
1.5. (Y	Was Doceased Ever in U. S. Armed Forces? ss, no dyunknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 2/4-22-0562	John Miltor	n Wear	ADDRESS
	1B. 4 3 3, 1 1	CAUSE O	FIDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(6	dia ARRHIA	Hamia.	1 hours
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc				
	injuly at camplication which caused death.)	A.	SCVD		18 + YNL
	DISEASES OR CONDITIONS, if any, gi	DUE TO			
	rise to the above cause (A) stating UNDERLYING CONDITION last.		18.60m/18.40p.4.600000000000000000000000000000000	0 a a a a a a a a a a a a a a a a a a a	
	II	7140	104		0
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		penja, Pneun		emontha gic
FRTIFIC	19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE TO	NDINGS CONSIDERED SES OF DEATH?
CAI OF	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.)	n or obout 2 C. WHERE DID	(If in Boltimore	City, give exact location)
Cu	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	-10
2	(APPROX.)	While At At Work			
	22. I certify that (4) (this hospital) attend	led the deceosed from	2 / (19	65 10	2/5/1967.
	that (#F (we) lost saw the deceased alive	on2	19 ond that	in (my) (our) opln	Ion death accurred on the dote
	ond have and from the couses stoted obove 23A. SPONATURE	ve. (I) (We) (did) (did not)	iew the body ofter deoth.		23B, DATE SIGNED
	Manual Police	M.D. Att	ending Med. Sto	off	2/3/15
	23 C. PHYSICIAN'S	Phy	s. Director Phy	7	7/161
	MADLIN L. GIA	ISHURE M.D.	SINALT	HOSP.	Baltime,
24	A. BURIAL CREMATION, 248 DATE 24	IC. NAME of CEMETERY OF CR	MATORY 24D. LOC	ATHON (Gity	, town, or county) (Stote)
	Turn Tety 11/1965	Loudon V	are	Jalto M	d
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF GEGISTIAN DOWN MAN	25C. FUNERAL DIRECTOR	12× 42046	Reducted ase
VS	150-REV. 1/1/65	MA -	Over 1 1 comme		

The state of the point of the same

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CITY	HEALTH DEPARTMENT		0=		
		65 1445		CERTIFICA	TE OF DEATH	Registered No.	65 1445		
			• Wilm	an	2. DATE AL	b f, 1965	650 A M		
	FULL NAME (OF (If not in hospital or		give street	Maryland Maryland	Baltimore			
i	RTH NO. 65 LE CASE NO. LE CASE NO. NAME OF DECEASED Mathew R. Wilman PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital SEK 6. RACE WIDOWED, DIVORCED Ispecify Married DA USUAL OCCUPATION (Give kind of work 108. Kind of Business or Industry Ind		Sparrows Poil D. STREET ADDRESS (If		RURAL and give township)				
	DOLL OLLINO				1330 Forres	t Road			
1	Male	White	Marri	ed (specify)	March 5, 1895	9. AGE (In years lost birthday) 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
don	e during most of	working life, even il retired)			Finland	eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13.					14. MOTHERS MAIDEN NA Sanalisa Wili				
(Ye	s, no or unknowi	(If yes, give war or dates	s? of service)		Wife, Elvira W	ilman , # 4,	ADDRESS ,a,b,c,d.		
	OISEA SES (rise to the line)	LEADING TO DEATH not meen the mode of d osthenio, etc. If meens th nplication which coused d ANTECEDENT CAUSES DR CONDITIONS, if on e obove couse (A) s	Mathew Re Wilman And the Written Re Research Re	dese Fai krisscler Diseas	lune på hi	INTERVAL BETWEEN ONSET AND DEATH Charo Logistary			
CATION	TO THE D	EATH BUT NOT RELATE CONDITION CAUSING IT.	D TO TH	E	20A 1120BCV6/V - N	-V 200 te vee taree			
RTIFIC	O O			WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIB	UTING CAUSE OF	hom	ie, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)		
MEDI	OF INJURY	(Month) (Doy) (Yeor)	ile At Not Whil						
	that (1) (we	last sow the deceased	alive on	7.80	19 65 ond th		Inlin deoth occurred on the dote		
WEDICAL CERTIFICATION 113. (A STATE OF THE	23A. SIGNATI	JRE //	V	4			23B. DATE SIGNED		
			1 pr	M.D. Atte	ending Med. Director	Stoff Phys.	Feb. 6- 1965		
		(vpe)	dsor		520 D Street,	Sparrows Poi	int Md. 21219		
24/	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY or CRE	EMATORY 24D. I	LOCATION	City, town, or county) (State)		
	Burial	2-8-1965					Bal. Co. Md.		
-		FEB 9 1965 (Robert	TE Falley M. N	John J. Duda		ADDRESS Ave. Md. 21222		
VS	150-REV. 1/1/	65							

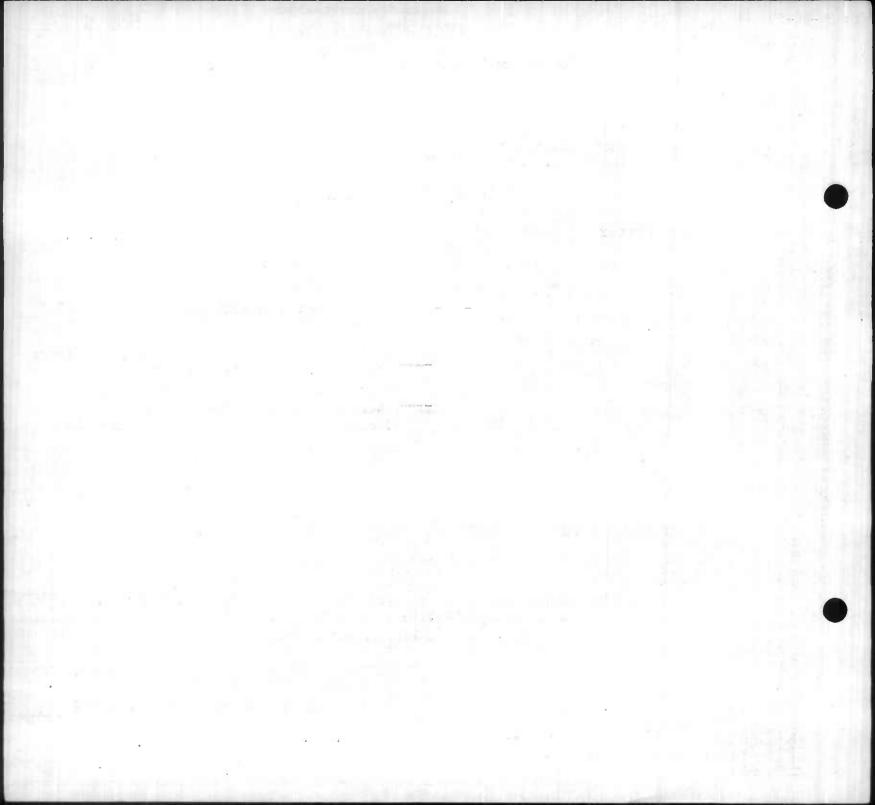


LS:	36-	-96	-5	9	1
R .:	22	spital and	ath	the	Such
R.S	LOI	9	Deceased	on the	
		a hospital		ance	to death.
. 3	1	a h	cause	ppue	
2	1	ui po	Bui	attend	rior

was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined IMPORTANT FUNERAL DIRECTOR:

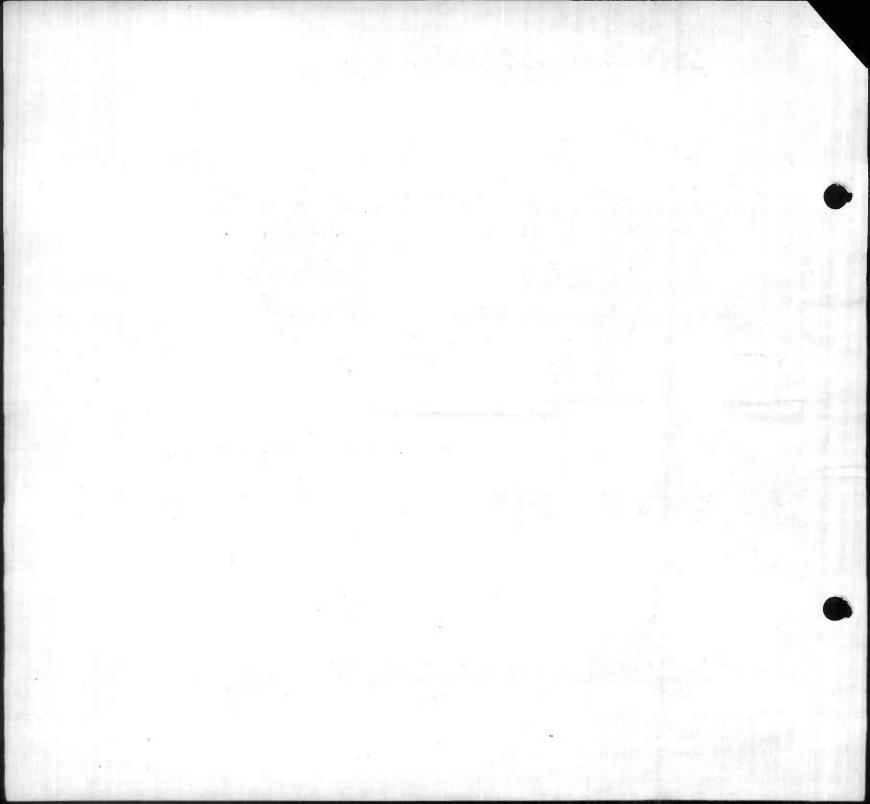
VS 150-REV. 1/1/65

	OF AAAO	BALTIMO	RE CITY HEAL	TH DEPARTMENT		65 1446			
BIKIN NO.	CERTIFICATE OF DEATH								
1. NAME OF (Type or Print)	Jose		ROSE)		ary 8, 1965	6:15 A _N			
3. PLACE OF	DEATH IN BALTIMORE, MA	4, US	UAL RESIDENCE (When	e deceased lived. If ins	titutian: residence befare odmissian)				
FULL NAM		I	laryland		26-12-				
HOSPITAL	NI .			C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
		City Hosptials		Baltimore D. STREET ADDRESS (If rurol, give location)					
	4940 Eastern Avenue Baltimore, Maryland 21224			4940 Eastern Avenue #21224					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	8. DA	TE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.			
Male	White	Widowed	2	-5-1882	83	TVIOLINIS DOYS TOOLIS TVIIIS			
OA, USUAL O	CCUPATION (Give kind of war	LIOB KIND OF BUSINESS OR IN	IDUSTRY 11. BI	RTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	mfitter	Mitchell Plum	alle en en en	aryland		U. S. A.			
3. FATHERS	NAME			OTHERS MAIDEN NAM	ME				
	Frank R	uzicka		Anna Bi	elek				
5. Was Deces	own) (If yes, give war or date	es of service) 1 6. SOCIAL SECURITY NO		FORMANT		ADDRESS			
		214-03-03		RECORDS: BCH: 4940 Easter		rn Avenue #21224			
1B. H. S	12,11	, CA	AUSE OF DEA			INTERVAL BETWEEN ONSET AND DEATH			
	EASE OR CONDITION DI		Septio	ami a					
(This doe	s not mean the made al	(A)	***************************************			About 48 Hours			
	ure, asthenia, etc. II means camplication which caused		y Tract Infe	About 1 Month					
rise ta	ANTECEDENT CAUSES OR CONDITIONS, il the above cause (A) (ING CONDITION last.	any, giving	Arteri Diseas	osclerotic C	ardio-Vascu	Lar Many Years			
TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE							
		NDITION FOR WHICH OPERATION REPORMED	N 20	Yes or No	SES OF DEATH? Yes				
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otify medical examiner	City, give exact locotion)							
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While									
22. I cer	22. I certify that (I) (this hospital) attended the deceased from April 5, 19 63 to February 8, 19 65 that (I) (we) lost sow the deceased alive on February 8, 19 65 and that in (my) (our) apinion death occurred on the date								
		ited above. (I) (We) (did) (did		a hadu after dent	or antiny, tour, apin	on death occurred on the date			
23A. SIGN		(i) (iie) (did) (di	o nor, view fi	e body offer deoff.		23B, DATE SIGNED			
	EN	Cleak M	A.D. Attending	Med. Director	Staff Phys.	February 8, 1965			
23C. PHYS		7	23D. A			J 0, 2,0)			
NAM	C. Rober	t Cooke	M.D. 49	40 Eastern A	venue Baltin	nore, #21224			
-	CREMATION, 24B. DATE	24C. NAME of CEMETER	Y or CREMATO	RY 24D. Le	OCATION (Cit	y, town, ar county) (State)			
	ial 2/11/	65 Holy Redee			altimore,				
230. DATE RE	FEB 9 1965	Robert E. Farley	MA S	chimunek F 3331 Breh	uneral Hom	e, Inc.			



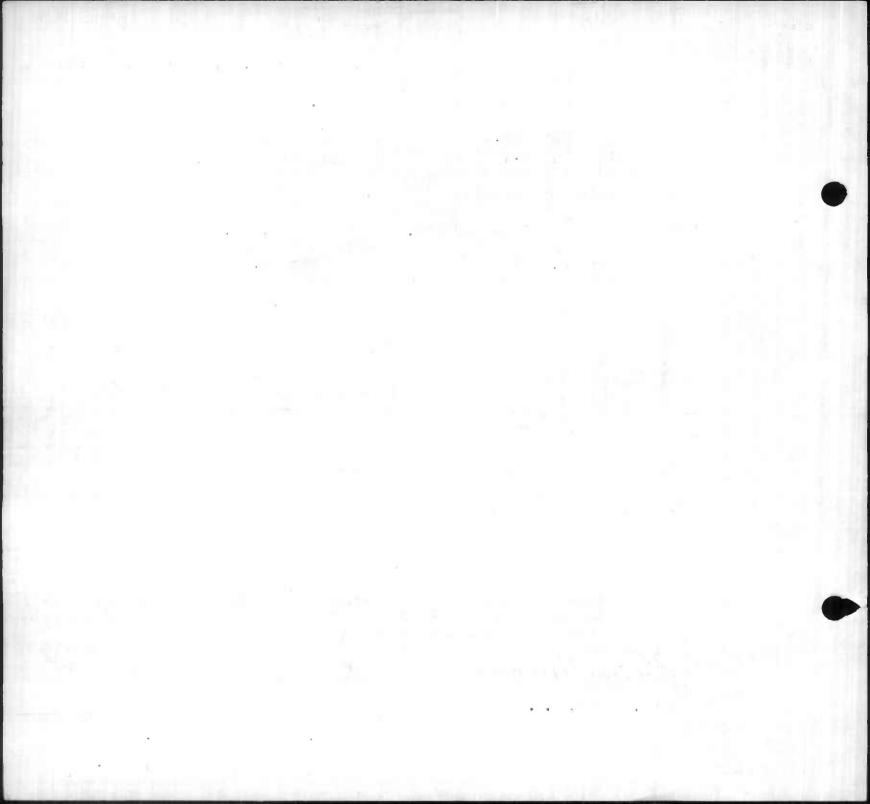
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital IMPORTANT FUNERAL DIRECTOR:

OF A A AFI	BALTIMORE CITY	HEALTH DEPARTMENT		65 1447				
ыктн но. 65 1447	CERTIFICA	TE OF DEATH	Registered No.	00 1447				
A.E. CASE NO. NAME OF DECEASED Type of Finns	Horn	2. DATE	AND HOUR OF DEATH	- 11100				
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. SUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If inst	itution: residence before admission				
FULL NAME OF (If not in hospital or institution, grand oddress or location) INSTITUTION	ve street	C. CITY OF TOWN AT	outside city limits, write RU	JRAL and give township)				
Bultimore	17,1116	D. STREET ADDRESS	of rural, give location	Kyllie-1				
WIDOWED,	NEVER MARRIED ODLY ORCED (specify)	8. DATE OF BIRTH	9. AGE (la years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.				
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF one during most of working life, even if retired) HOUSEWIFE Ab hom		Baltimore		12. CITIZEN OF WHAT COUNTRY?				
Peter Losenlarg		Caller	Miele Wiele					
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Rost	ADDRESS				
DISEASE OR CONDITION DIRECTLY	w/h	property for	witt wer	INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	DUE TO							
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cholos	Delite	and					
U 19A. DATE OF OPERATION 119B. COMPITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSYMES OF	No. 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. 10 C CONTRIBUTING CAUSE OF 10 C CONTRIBUTING 10 C C C C C C C C C C C C C C C C C C	PLACE OF INJURY(e.g., i o, form, foctory, street, o	in or obout 21C. WHERE DID Hice blog., INJURY OCCUR?	(If in Boltimore	City, give exact location)				
UF INJURY	e At Not Whi		NJURY OCCUR?	/ /				
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive an and that In(my) (our) apinion death occurred on the data.								
and hour and from the couses stoted obove (1) (We) (did) (did not) view the body ofter deoth. 238. DATE SIGNED								
PAGE PRYSTICIAN'S NAME (Type) SOMM H-OC	M.D. All Phy	ending Med. Director 23D. ADDRESS	Stoff Phys.	1/10V				
REMOVAL (Specify)	ME of CEMETERY of CR		Baltimore, M	, town, or county) (State)				
FEB 9 1965 PLEED	E Falley M.A.	Schimunek 3331 E	Funeral Hom Brehms Lane	e, Inc.				



65 1448 BALTIMORE CITY HEALTH DEPARTMENT 65 1448								
BIRTH NO. 65 1448 CE	RTIFICAT	TE OF DEATH	Registered Na.	00 1440				
M.E. CASE NO.								
NAME OF DECEASED Typo or Print) DOROTHY MARGARET A	RIGO		b. 7, 196.					
PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If i	nstitution: rosidence before admission				
FULL NAME OF (If not in haspitol or institution, give street address or location)		Md.	2	6-03				
INSTITUTION		C. CITY OR TOWN (If autside city limits) write RURAL and give downship) Baltimore						
3714 Elmley Ave., Baltimore, Md., 21213		D. STREET ADDRESS (If rurol, give locotion) 3714 Elmley Ave.						
female 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE married		5/7/15	9. AGE (In years lost birthdoy) 49	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.				
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS lone during most of working life, even if retired) Cashier Eddie Super I		Baltimore,		12. CITIZEN OF WHAT COUNTRY?				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA						
Walter J. Belt		Mary E	. Wehn					
5. Was Deceased Ever in U. S. Armed Farces? [16. SOCIAl SECUR	L ITY NO.	17. INFORMANT		ADDRESS				
		Anthony P.	Arigo, hus	band, above				
18. 170 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		acinomato	· ris					
(This does not mean the mode of dying, e.g.,	DUE TO							
hearl failure, asthenia, etc. It means the disease,				Coll III				
injury ar camplication which coused death,)	0	N	et 1-0- 3	to 1942				
ANTECEDENT CAUSES	(B) 1	weever y	o poem	J.				
DISCASES OF CONDITIONS 'S	DUE TO	U						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	101							
UNDERLYING CONDITION lost.	(C)			••••••••••••••••••••••				
_ 11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		-						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	ERATION	20A. AUTOPSY? (Yos or No	FINDINGS CONSIDERED					
0 H-64 WAS PERFORMED Ca of b	wart	- July						
OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 218, PKACE OF home, form, for etc.]	INJURY (e.g., in ctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimo	(If in Boltimore City, give exact lacotion)				
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY O	CCURRED	21F. HOW DID INJ	URY OCCUR?					
OF INJURY (APPROX.) While At Work	At Work							
22. I certify that (1) (this haspital) attended the decease	ed from	asux	1964 10	February 7 1965				
that (I) (we) last saw the deceased alive an	2-5	1965 ond th	nat In (my) (aur) ap	Inian death occurred on the de				
and haur and from the causes stated above. (I) (We) (die	and haur and fram the causes stated abave. (I) (We) (did) (dld nat) view the body after death.							
23A. SIGNATURE			F1-11	238. DATE SIGNED				
23C. Physician's	Phys		Stoff Phys.	2-8-65				
NAME (Type)	M.D.	3D. ADDRESS	and					
Duer J. Moores, MdD. 44. BURIAL CREMATION, 248. DATE 24C. NAME of CE		3105 Belair Re		City, town, or county) (State)				
REMOVAL (Specify)			ltimore,					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR.		Schimunek H						
FEB 9 1965 (166 at 2. 1	and and	3331 Bre	hms Lane	1100				

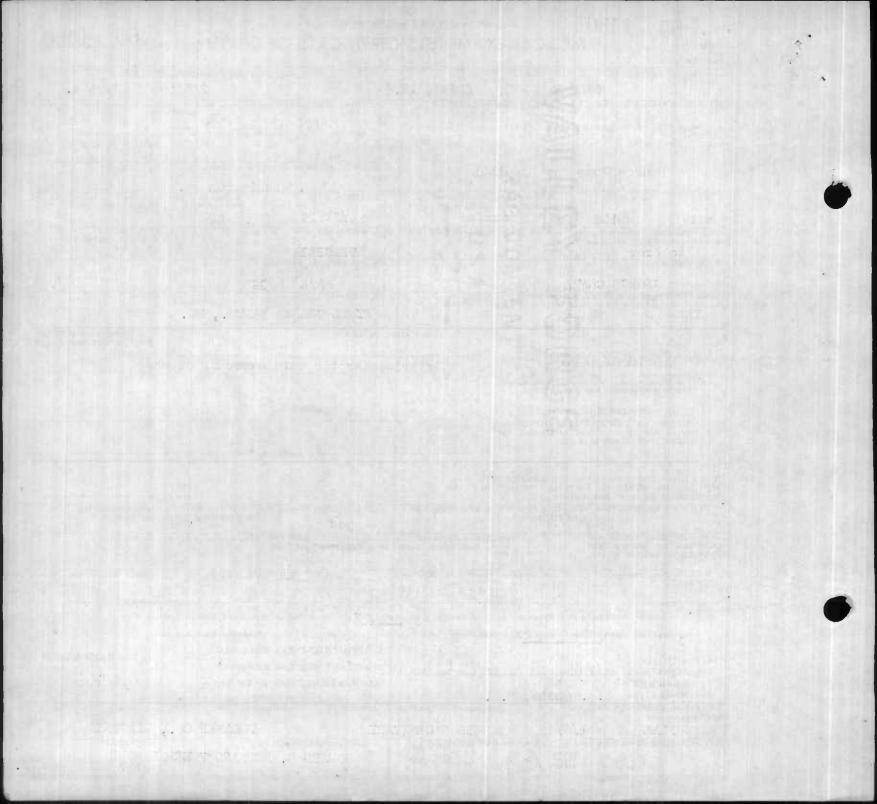
VS 150-REV. 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT		CF .		
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 1449		
Type or Print) R. FRANK	BERART	00221	2-7-65	5 pm "		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If institu	tion: residence before odmission)		
HOSP(TAL OR oddioss or location)		C. CITY OR TOWN (If guits	side city limits, write RURA	AL ond give township)		
UNION MEMORII	AL HOSPITAL	Ballinnon	. (
UNION			A	46		
		B. DATE OF BIRTH	AGE (In years If	Under 1 Yr (f Under 24 Hrs.		
Male While Wi	dowed	7/2/87	ost birthdoy) – Mi	onms Doys Hours Min.		
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?		
	Business	+ Talv		U.S.A.		
13. FATHERS NAME		14. MOTHERS MAIDEN NAN	A E			
DOMINIC Berand	0221	Jean NIY	2 ANN	TONI		
15. Was Decoased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS #12		
yes W. W. 1		Carrie C. Ke	rr.friend.3	Ave., #13		
18. // 20. /			,,.	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	^	T	11-			
		cule myou	cardial In	fan 36 has.		
heart failure, asthenia, etc. It means the disea		6				
ANTECEDENT CAUSES	DUE TO	8688 6400 6400 640 640 6				
UNDERLYING CONDITION last.	(6)					
O THE SIGNIFICANT CONDITIONS CONTRIBUTE		BERAR DO22 4. USUAL RESIDENCE (Where daceosed lived. If institution residence before odmission) A. USUAL RESIDENCE (Where daceosed lived. If institution residence before odmission) A. STATE B. COUNTY M. C. C. CITY OF TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location) 2. SO 4 End in years D. DATE OF BIRTH D. STREET ADDRESS (If rurol, give location) 12. CITY OF TOWN NEVER MARRIED D. DONORCED (specify) D. DATE OF BIRTH ADDRESS (II TAM OF THE THE ACE (State or foreign country) 12. CITY OF TOWN Min. D. STREET ADDRESS 14. MOTHERS MAIDENNAME D. ADDRESS (II TOWN 15. SOCIAL SCULITY NO. 17. INFORMANT CAUSE OF DEATH (A) DUE TO (C) 18. DUE TO (C) 19. C. CHIRTH OF THE COUNTRY IV. INFORMANT ADDRESS AV, #13 ADDRESS AV, #13 ADDRESS AV, #13 ADDRESS AV,				
DISEASE OR CONDITION CAUSING IT.						
199. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore Cit	ty, give exoct location)		
21D. TIME (Month) (Doy) (You) (Hous)	21 E. INJURY OCCURRED					
(A PPROX.)						
22 I consider these (I) (this hospital) extends		5066	065 - Feb	7 1066		
S. SEK S. RACE W. W. I. T. WIDOWID, DIVORCED (specify) W. DATE OF BIRTH W. DA	_					
			er in (my) (ooi, s piniar	death accurred an the date		
	b. (I) (me) (did) (did not) vi	ew the bady after death.	load	DATE SIGNED		
01 01	M.D. Atter	ading - Mod				
70.	Phys		Phys.	~///05		
NAME (Typo)	and the second second		moriel	H-571701		
	NAME of CEMETERY OF CREA	70				
CERTIFICATE OF DEATH Registered No. MAK CASE NO. INAME OF DECEASED FULL NAME OF OF DECEASED FULL NAME OF OF DECEASED FULL NAME OF OF STATE AND NOW OF DECEASED FULL NAME OF OF STATE AND OF STATE						
			itimore, Mc	ADDRESS		
FFB 9 1965 M.D.	b E. Jankey M. A	Schimunek F	uneral Home	e, Inc.		
[FD 0 1000 47 47		2221 21.61	ms Lane			

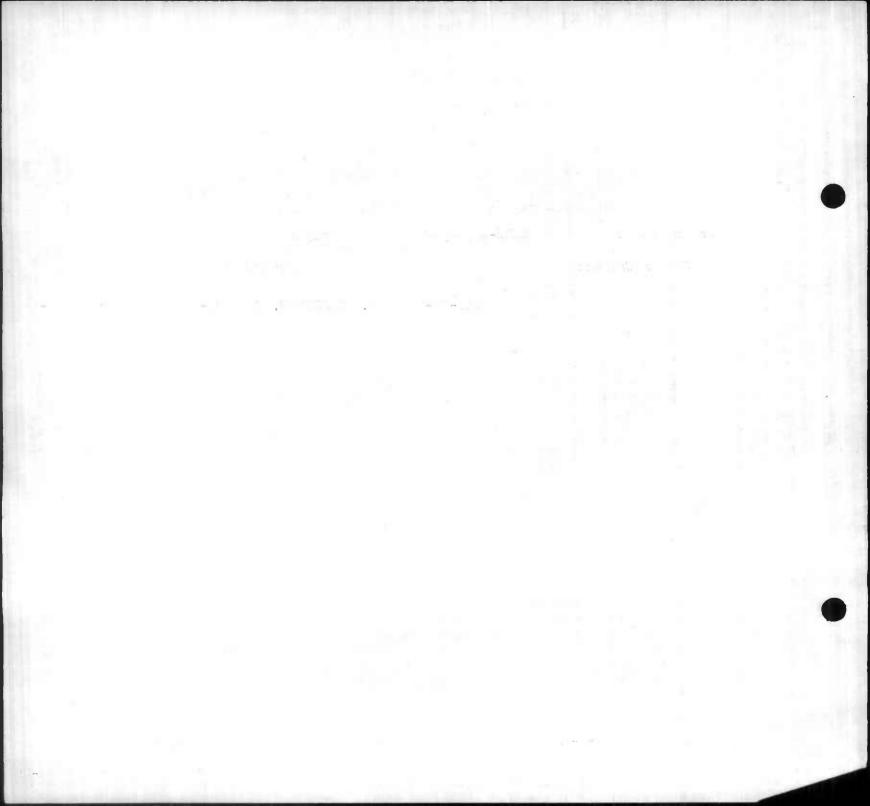
BALTIMORE CITY HEALTH DEPARTME	NIT

	65	1450		BALTIMORE CITY HEAD				0	5 41	len.
BIR	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFI	CATE O	F DEATH Registe	red No.	0 1.9	100
\vdash	E CASE NO.							-123		
	Pe or Print	GEORGE	D.	CLARK, JR.		2, DATE	and Hour Pronounce 2/5/6		7:25 a	
3. 1	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL A. STATE		here deceosed lived. If inst	itution: resi	dence before	odmission)
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET		Baltimore	outside corporate limits, write	RURAL O	nd give towns	hip)
	Chu	rch Home and	Hospit	al	D. STREE		rurol, give location)			
5. 5	nale 6	.RACE white		NEVER MARRIED DIVORCED (specify) Cied	B. DATE C		Ashington St. 9. AGE (In years lost birthdoy) 12		Doys Hours	
104	USUAL OCCUP	ATION (Give kind of work orking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHI				EN OF TOUNTRY?	•
13.	FATHER'S NAME					ER'S MAIDEN N				1111
	WAS DECEASED	EVER IN U.S. ARMED		16. SO CIAL	17. INFOR	MABLE B	0000	ADDRES:	S	
(Ye	YES	If yes, give wor or dote	s of service)	SECURITY NO.	ETHE	L GOADE	BALTO., MD.			
CERTIFICATION	Characteristics of the property of the propert			(B)(C)			diovascular dis		ONSET AND	DEATH
L CE					y	98	IN CERTIFYING CAU	SES OF DE	EATH?	
MEDICA	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT				office bldg.,	INJURY OCCUI	ID III in Boltimore City, gi	ve exoct lo	ocotion)	
		R'S	nquiry Auses X A	Inspection Au	topsy X le	domicide IEF MEDICAL ANT MEDICAL	Undetermined monn EXAMINER EXAMINER EXAMINER LEXAMINER		DATE SI 2/5/65	GNED V
	BURTAL BURTAL	238. DATE 1/8/6		SHILOH CEMETIN		ORY 2	PULASKI CO.	, town, or		(Stote)
24		TEB 9 1965		of REGISTRAR 6 E. Falley M.1	24C.	FUNERAL DIRECT		AL HO	ADDRESS	NS AV



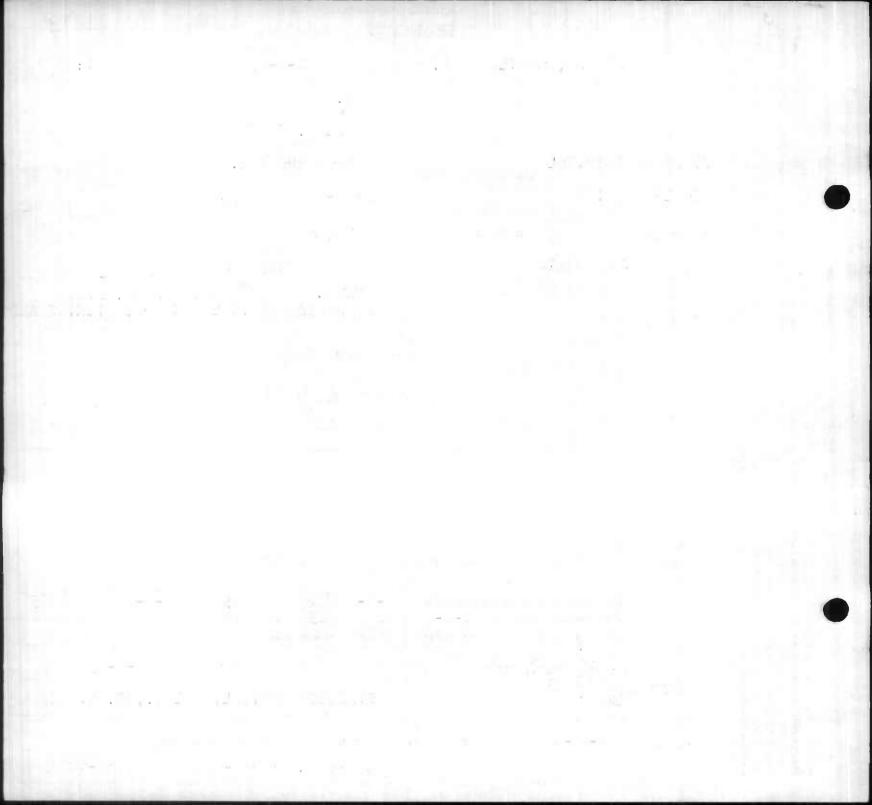
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

05 4454	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 1451 M.E. CASE NO.	CERTIFICA	ATE OF DEATH Registered No.	65 1451
I NAME OF DECEASED	Hott	2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in	1110
FULL NAME OF (If not in hospital or institu	tion and shoot	Md	6-06
HOSPITAL OR oddress or location)	ion, give sweet	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
1	-t-1	D. STREET ADDRESS (If rurol, give location)	
University Hos			town Rd
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	6. DATE OF BIRTH 9. AGE (In years lost birthdoy) 7	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	lf-employed	Maryland	115/4
13. FATHER'S NAME	zz ompzoyca	14. MOTHER'S MAIDEN NAME	0.074
Joshua Talbott		Cora France	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No ?		Mr. WILLIAM F. TALBOTT-829	Franklintown Rd-16
18.		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		n . / E ./	ONSET AND DEATH
LEADING TO DEATH	(A)/	hespiratory tailier	
(This does not mean the made of dying, heart failure, asthenia, etc. II means the disc			
injury ar camplication which caused death.)		Travaic EmphysemA	indefinite
ANTECEDENT CAUSES	DUE TO	0(000012 2000)1.73(00171	
DISEASES OR CONDITIONS, if any, g		,	
rise to the abave cause (A) stating UNDERLYING CONDITION lost.	1he (C)	***************************************	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	e City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh		
22. I certify that (I) (this hospital) attend		7/1//	15/65
		19 to	19
that (I) (we) last saw the deceased alive	/ /		nion death accurred an the date
and hour and fram the causes stated above	re. (I) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	1 + 4		23B, DATE SIGNED
Henry H. Boldway : LIN	CLENSING M.D. Ph	tending Med. Stoff Phys.	-15/45
23C. PHYSICIAN'S NAME (Type)	M.D	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (C	ity, town, or county) (State)
Burial 2-9-65	Woodlawn Cemete	Woodlaw Mam	1and
	ME OF REGISTRAR	25C FLINERAL DIRECTOR	ADDRESS
	rub E. Farkey M.A.	1+17 - Halland 4	107 Wile Aug 29
VS 150-REV. 1/1/65			1/(6)



•	FUNERAL DIRECTOR: IMPORTANT	OR: IMPOR	TANT	•	40	AZ
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	by a medical exami	iner or his as ner. Also, if	sistant if de the direct o	ath occurred	in a hospite	death G
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	!) Body burns; (3) A fr e the physician who	acture of any pronounced	kind; (4) Un death was	determined in regular	cause; (5) De attendance	Seased on the C
deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.	ohysician was in regi	ular attendar mbalmed or f	inal disposit	leceased prion is made.	ior to death	Such _

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ASHMAN, MYRTLE H. 2-6-65 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTO. 21227 LANSDOWNE D. STREET ADDRESS (If rural, give location) ST AGNES HOSPITAL 2008 2ND AVE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 24 Hrs. Hours : Min. If Under 1 Yi. lost birthdoy) Months Doys Hours WIDOWED, DIVORCED (specify) FEMALE WHITE 5-10-09 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Harold Second Avenue 21227 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL MARTIN P. ASHMAN CATON AVES. 21229 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No HOSPITAL RECORDS. WILKINS AND AGNES NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asfhenia, efc. It means the disease, injury or camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise for the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Q 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., fNJURY OCCUR? (If in Boltimore City, give exact facation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 19 ... 65 to 22. I certify that (I) (this haspital) attended the deceased fram..... 2-6-65 that (1) (we) last saw the deceased alive an. and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 2-6-65 Med. Director 23C. PHYSICFAN'S 23D. ADDRESS NAME (Type) STAGNES HOSPITAL, BALTO., MD. 21229 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 2-10-65 New Cathedral Cemetery Baltimore, Maryland Burial 25C. FUNERAL DIRECTOR 258. NAME OF RECOSTRAL ADDRESS Howard H. Hubbard-4107 Wilkens Ave-21229 VS 150+REV. 1/1/65

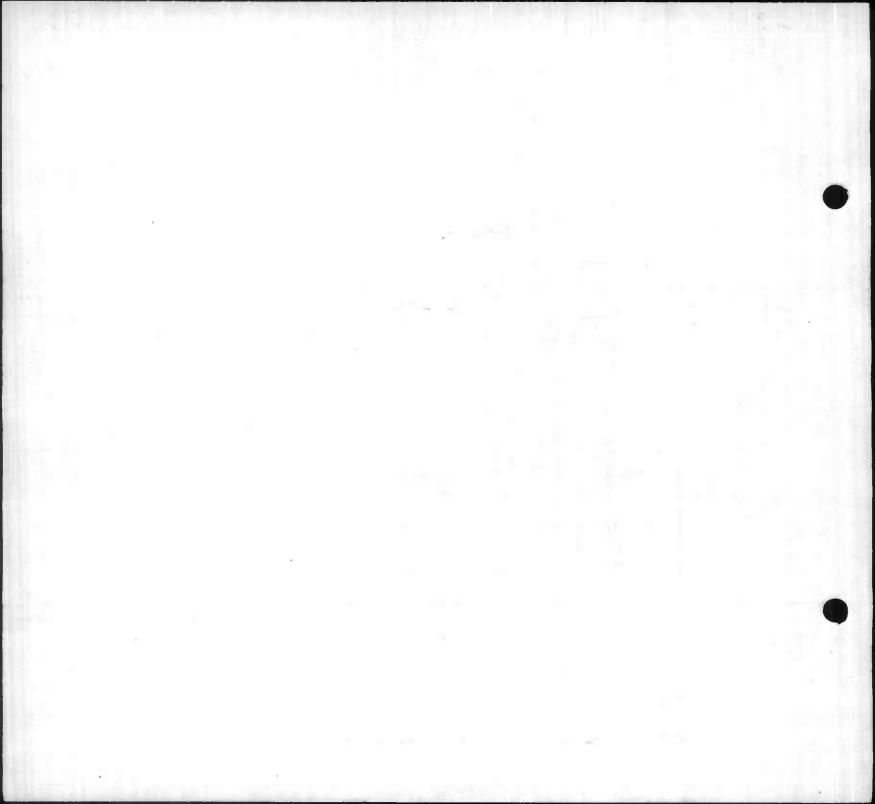


in a hospital and

			BALTIMORE CIT	Y HEALTH D	EPARTMENT		OF AAR	0
BIRTH NO.	65 1453		CERTIFICA	ATE OF	DEATH	Registered No.	65 145	5
1. NAME OF DI (Type or Print)	ARROLL	PROCT	0 R		2/7	HOUR OF DEATH	6:30	
FULL NAME HOSPITAL O	OF (If not in hosp oddress or loc	itol or institutio	n, give street	A. STATE	ARYLAN	D /	stitution: residence before	odmission
	BALTO, I		TAL	D. STREET		RE rurol, give location) ARROLTON	AVE,	
5. SEX	6. RACE NEGRO	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF	-	9. AGE (In years lost birthday)	If Under 1 Yr. It Und Months Doys Hours	er 24 Hrs Min.
	ol working life, even if retir	ed)	of Business or industrator Co.	180	ACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N	NIE PROCT				THINE	KINSLER	1	
	ed Ever in U. S. Armed wn)(II yes, give wor or		16. SOCIAL SECURITY NO. 215-10-0169	17. INFORM	4-11	.—	No. CARROLL To.	v AV
18. 5 9 DISE	ASE OR CONDITION	DIRECTLY	CAUSE	OF DEATH			INTERVAL BETY ONSET AND D	
heort failur	nat mean the made a, osthenio, etc. It me amplication which cou ANTECEDENT CAU	af dying, e. ans the disea sed deoth.)	se,	URE PHR 6 TI		DROME	2-3 YEA	
rise la	OR CONDITIONS, the above cause NG CONDITION lost	(A) stoling I		LOMER	DLONEPH	RITIS	3 YEAR	ک.
TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN	RELATED TO	THE HYPER T			DIEEASE	e 3 YEAR	3.5
ERTE	WAS	PERFORMED	R WHICH OPERATION				FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)			in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
OF INJURY								
that (1) (1)	last saw the dece	ased alive a	d the deceased fram n 2 - 2 (I) (We) (العالم)		5 and th		nian death accurred an	the da
23A. SIGNA		rol	M.D. A	ttending A	Med.	Stoff Phys,	23B. DATE SIGNED	
	(Type)	SMOOT	M.D		7 6002		BALTO. 15- 1	4D
Burial Burial	(Specily) 2-10-	65 1	.NAME of CEMETERY or C Arbutus Memoris	l Park		Baltimore.	ty, town, or county) Maryland	(Stote)
25A. DATE REC	EEB 9 19	258. NAM	E OF REGISTRAR		rles R. L	aw 802 Mad	ADDRESS	

802 Madison Ave.

VS 150-REV. 1/1/65

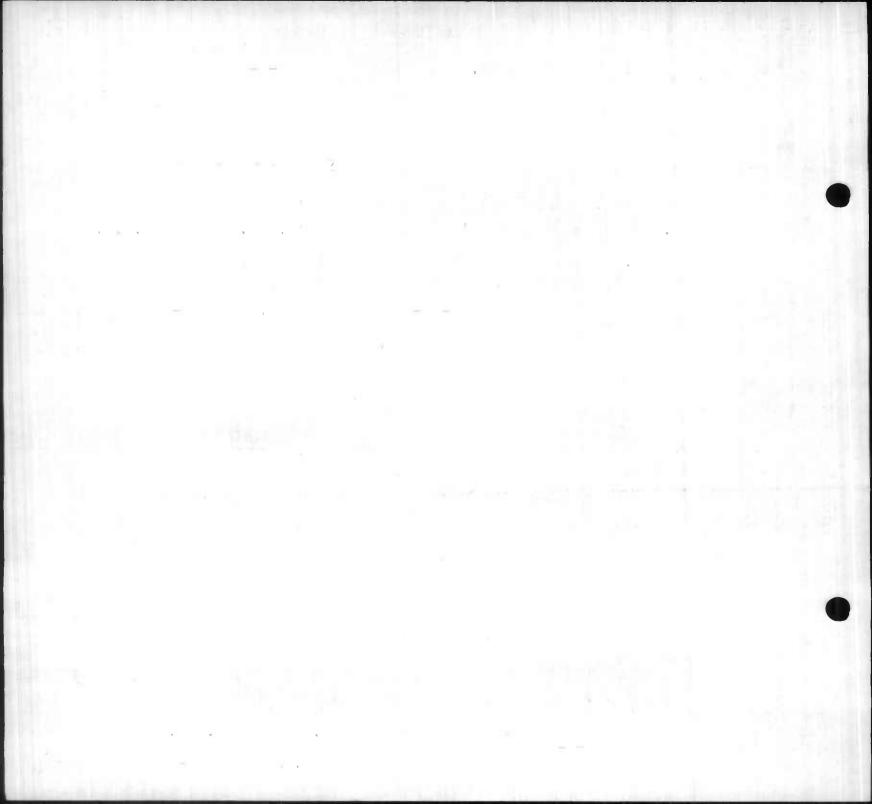


FUNERAL DIRECTOR: IMPORTANT

1454 Registered No. CERTIFICATE OF DEATH BIRTH NO. death occurred in a hospital and (
t or contributing cause of death
Undetermined cause; (5) Deceased
as in regular attendance on the the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2-4-65

M. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) William Schott death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 INSTITUTION Baltimore prior D. STREET ADDRESS (If rurol, give location) 2419 Pelham Avenue 2419 Pelham Avenue disposition is made. regular 9. AGE (In years lost birthday) If Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yı. 5. SEX 6. RACE deceased Months Doys Hours WIDOWED, DIVORCED (specify) Varried June 17.1904 Male White 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working lile, even if retired) Citizen(s Savings Asstn. Treasurer Balto. Md. U.S.A. Was 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME the direct <u>4</u> or his assistant if Herman D. Echott Marie Arendt eath uo kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17, INFORMANT or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 212-03-1186 Dorothy N any pronounced ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed of IRTERIOSCIEROSIS LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner regular examiner. injury at camplication which coused death.) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above couse (A) stating the physician UNDERLYING CONDITION last. the remains the chief medical Was burns; medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Diobetes Mellitus TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED the 19A. DATE OF OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where the hospital å MEDICAL DEATH (notify medical examiner) etc.) nature; by obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR 9 OF INJURY approved Not While (except While At (APPROX) At Work and Work any 22. I certify that (1) (this hespital) attended the deceased from 0 99 that (1) (we) last sow the deceased alive on. ond that in (my) (out) opinion death occurred on the date of death) hospital and haur and from the causes stated above. (1) (We) (did net) view the body ofter death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Stoff M.D. Med. 0 Phys. Director L Phys. approval 8 23C. PHYSICIAN'S 23 D. ADDRESS certificate prior at An D.O. A. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (Stote) REMOVAL (Specify) Faith Cem. Balto. Md. shows: 0 Was TO 1 425C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. John O VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

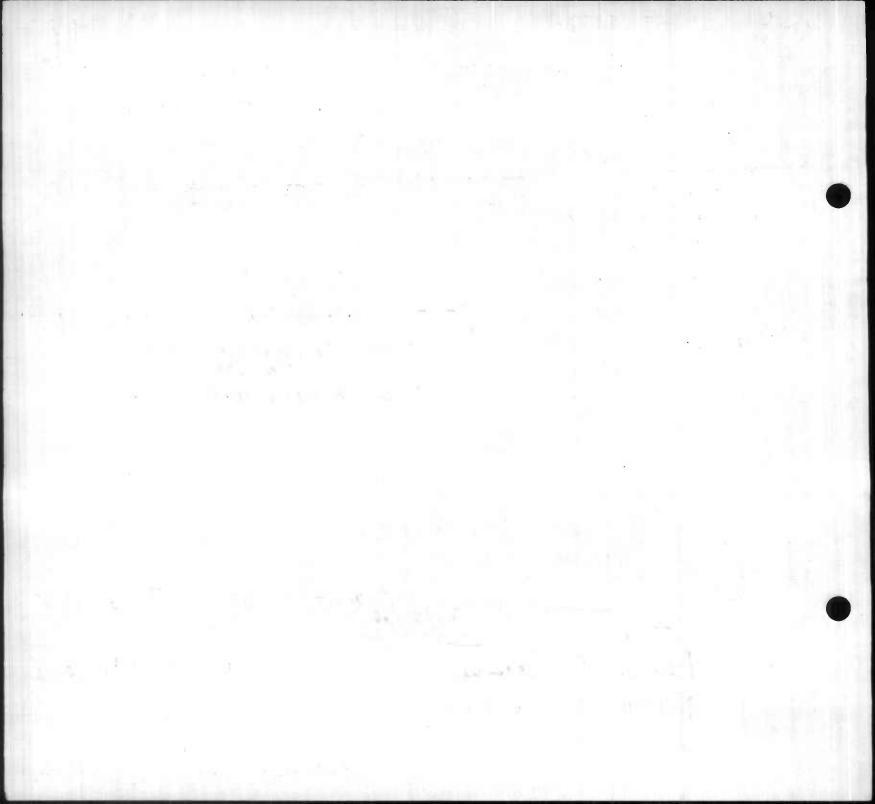


0= 11=	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 1455
BIRTH NO. 65 1455 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 1455
1, NAME OF DECEASED		2, DATE	AND HOUR OF DEATH	C D'CD P
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ishqar	4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before odmission)
FULL NAME OF (If not in hospital or in:	stitution, give street	MARYLAND,	CAPROLL	
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write	RURAL and give township)
JOHNS HOPKINS	Unantrus	DETOUR D. STREET ADDRESS	(If rural, give location)	(56-00
JOHNS HOPKINS	HOSPITAL	RT. # 1		
S. SEX 6. RACE 7. A	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER 13. FATHER'S NAME	FARMING	MARYLAN	D	4-5. A.
WILLIAM F. WEISHAA		14. MOTHER'S MAIDEN		C+
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MANANA CIBIE	Starner
(Yes, no or unknown) (If yes, give wor or doles of	service) 217-12-209			Appress
18. ///5	CAUSE	LARRY WEISH	AAR RED;	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	11 .		ONSET AND DEATH
LEADING TO DEATH (This does not mean the made at dying	ng, e.g., DUE TO	Aremia		Lucers
heart foilure, asthenio, etc. It means the injury ar camplication which coused deo		P ACL 11	101	. 0.
ANTECEDENT CAUSES	(B)	renal 2 hut 1	Jown + Olig	with a weeks
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) state UNDERLYING CONDITION tost.		Malignon	t Hyporter	isin few Nowths
			1 1	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		Di man la le ma	1 homerston	an Zinske
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21R PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 216. WHERE DIE	(If in Boltimo	ore City, give exact location)
	out) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S (APPROX.)	While At Not Wh			
22. I certify that (1) (this hospital) at	tended the deceosed from	Jan. 23	1965 to F	chruary 6 1965.
that (we) lost sow the deceased al	ive on February &	1965 ond	that in (my) (our) ap	pinion deoth accurred an the date
and haur and from the causes stated o	above. (I) (Wa) (did) (did)	view the body after dea	th.	DATE SIGNED !
23A. SIGNATURE & O. Bu	ckels M. D.M.D. At	tending Med. Director	Stoff Phys S	2/6/65
23C. PHYSICIAN NAME (Type)	Is M.D. M.D.	23D. ADDRESS	Hartine Hara	1. 1 - Rottingera No.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	MIDLEBURG MET		o. Location 10	City, town, or county) (Stote)
BURIAL 2-10-65	CEMET	ERY Z	CAR	ROLL CO., MD.
FEB 9 1965	On the Entraleu MAN	25C. FUNERAL DIREC	John M. x	Hiles ADDRESS
VS 150-REV. 1/1/65	gran an array	C.O. +455	GUDON TH	PNEYTOWN, MID.

Echanyle as the same of the same of the same of the Such

	HEALTH DEPARTMENT	05
BIRTH NO. 65 1456 CERTIFICA	TE OF DEATH Registered No	65 1456
M.E. CASE NO. Laften CORREL	2. DATE AND HOUR OF DEATH	
(Type or Print)	2/6/65	7 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)	Md. Baltimo:	
INSTITUTION	C. CITY OR TOWN (If autside city limits, write R	URAL and give fawnship)
Ψ.	D. STREET ADDRESS (If rurol, give lacotion)	101
LUTHERAN HOSP. W. md.	3926 Kimble Kil	
5. SEX 6. RACE 7. MARRIED, REVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FE white Single	3/9/1011 lost birthday 53	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working lile, even if retired)		WHAT COUNTRY?
Clerk Drug Store	Maryland 14. MOTHER'S MAIDEN NAME	USA
		1000
TK Perry F. Daffin 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Margaret Wootres	ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDKESS
no none 213-20-9720		illa Easton, Md.
18. 253 X 1 CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ENE CHICEPTALE IL	- N.T
(This does not mean the mode of dying, e.g., DUE TO	EME CONGESTIVE H	6 <u>71</u>
heart failure, asthenia, etc. It means the disease,		
ANTECEDENT CAUSES (8) PASS	MYXEDEMA	,
DISEASES OR CONDITIONS, if ony, giving		
rise to the obove couse (A) stoting the (C)	MANAGARA 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
UNDERLYING CONDITION Iosi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	A A A & () A	
DISEASE OR CONDITION CAUSING IT.	120A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, a	n or about 21 C. WHERE DID (If in Baltimare line bldg., INJURY OCCUR?	City, give exact lacotion)
	21F. HOW DID INJURY OCCUR?	
While At ☐ Not While	le 🦳	
Work Al Work		2/1
22. I certify that (I) (this hospital) attended the deceased fram	2/J 19/05 10	19 6
that (I) (we) last saw the deceased alive an	and that in(my) (aur) apir	nian death accurred on the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
23A. AIGNATURE	AA-4 — 5:-# —/	23B. DATE SIGNED
Phy	· · · · · · · · · · · · · · · · · · ·	U/6 /63
23C PHYSICIAN'S NAME (Type)	23 D. ADDRESS	

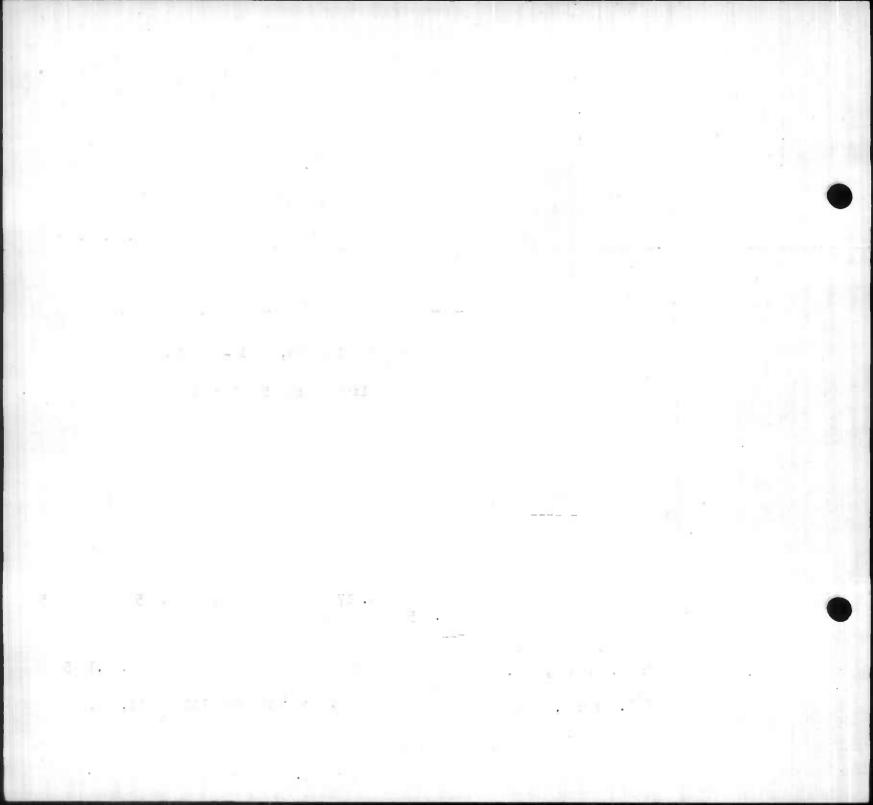
the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any Also, examiner. the body was released to the hospital by a medical 24C. NAME OF CEMETERY OF CREMATORY 10 24A. BURIAL CREMATION. REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) 965 Sprin Burial 2/6 etery Easton REGISHAR EASTON, MO 1965 9 FEB VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	A A Print		BALTIMORE CIT	Y HEALTH DEPARTMENT		CF AAFE
	н но. 65 1457		CERTIFICA	TE OF DEATH	Registered Na	. 65 1457
	AME OF DECEASED			2, DATE	AND HOUR OF DEATH	4
(Typ	Rose Zaidel			Febra	1977 5 1065	10.10 n A
3. 1	Rose Zajdel PLACE OF DEATH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (V	Where deceased lived, if	institution: residence befare admission)
					JUNIT	
-	FULL NAME OF (If not in hospital OSPITAL OR oddress or location	or institution,	give street	Maryland	outside sity limits write	RURAL and give township!
- 1	NSTITUTION 2007 TE TO	amalah Odean			outside city minis, wife	S S
1	2028 E. Pr	att Str	eet	Baltimore D. STREET ADDRESS	(If rurol, give location)	
				2028 E. Pr	att Stroot	
5. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
		WIDOWE	D, DIVORCED (specify)		lost birthdoyi	Months Doys Hours Min.
	emale White USUAL OCCUPATION (Give kind of wo	Wido	WED	June 15, 1874	foreign country)	12. CITIZEN OF
	e during most of working life, even il retired)		1 PO3114533 OK 114DO31K	11. BIKINI EX CE (31016 01	rororgii counity/	WHAT COUNTRY?
	Housewife	Seafo	od	Poland		U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Walenty Szczepanial	<i>c</i>		Marv		
15.	Was Docased Ever in U. S. Armod Fo	oicos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	s, no or unknown) (If yos, give wor or do	los of service)	SECURITY NO.			
	No		216-10-5239	Frank Zajdel	- 2028 E. Pr	
	1B. 422		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D		A 4		7 . 2	
	(This does not mean the made a		(A) ATT	erioseleretie,(iseuse	grale-/sseul	ar III
	hearl failure, asthenia, etc. il mean	s the disease,	501.10	150450		
	injury or camplication which couse		Gen	eralized Arter	riesclerosis	0.0
	ANTECEDENT CAUSE	S	DUE TO			
	DISEASES OR CONDITIONS, if					
	rise to the above cause (A)	slaling the	(C)	***************************************		
	II.					
N	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIN	G			
ATION	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING		HE .			
	19A. DATE OF OPERATION 19B. CO	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	O None	RFORMED		Ne	IN CERTIFYING C	AUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DIE	O (If in Boltimo	ore City, give exact location!
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	hor etc.		office bldg., INJURY OCCUR		
DIC	21 D. TIME (Month) (Doy) (Your	Hour 215	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
ME	OF INJURY		nile At Not Wh		MAJORI OCCOR:	
	(APPROXI	We	ork At Work	, 🗀		
	22. I certify that (I) (This hospite	H) attended t	he deceased from	Nev. 17	19 64 to Fe	b. 5 19 65
	that (1) (we) last saw the deceas	ed alive an.	Feb. 5	19 65 and	that in (my) (our) as	pinian death accurred an the dat
	and haur and fram the causes sto					
	23A. SIGNATURE	£ 10.0	Sul di	Trow The budy unter dea		23B. DATE SIGNED
	A griph	TO DOTE	M.D. A	tending Med.	Staff	Feb. 6,1965
	+0	lg Made	Ph	ys. Dilector	Phys.	160. 0,200
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	Joseph F. Drenga,	M.D.	M.D	209 S. Cheste	er Str; Baltin	ore 31, Md.
24/	REMOVAL (Specify) 24B. DATE	24C. N	AME of CEMETERY of C	REMATORY 24E	LOCATION (City, town, or county) (Stote)
	Burial 2/9/65	C.L.	Chani al	Comodos	GE15 Danton	Avenue - Reltimone
	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	Stanislaus of REGISTRAR	25C. FUNERAL DIREC	TOR	Avenue - Baltimore,
	FEB 9 1965	A	FE Farber M.A		eber - 705 S	outh Ann St.
L,	150-REV. 1/1/65	Idrocary		Ideor & W II	CTCT - 107 0	



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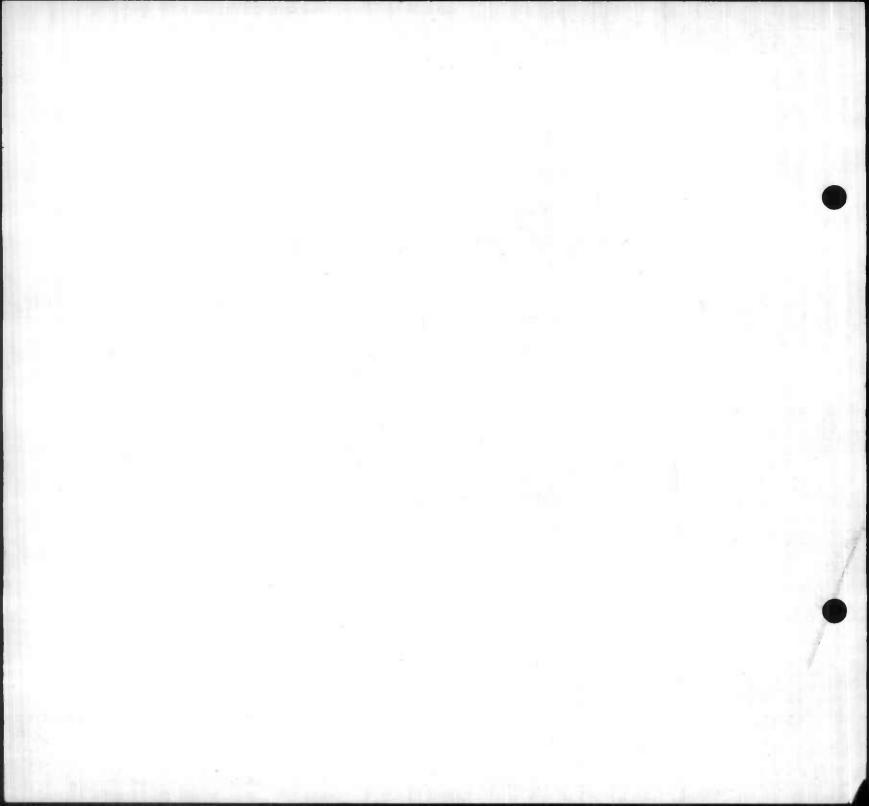
Such

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. DATE AND HOUR OF DEATH (Type or Print) 5:00 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Alf outside city limits, write RURAL ond give township ANOUER If Under 1 Yi. If Under 24 Hrs. Manths Days Hours & Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (Il in Boltimore City, give exact location) 1121 S. Hanover Street Allergic reaction to penicillin tabletsand that in (mx) (aur) apinion death occurred an the date 23B. DATE SIGNED SA. DATE REC'D BY 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS/ VS 150-REV. 1/1/65

Letter from South Baltimore General Hosp. 4-21-65 M.H.

	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT			2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hoder of the h	by the chief med	lical examiner	or his ass	istant if death	occurred in c	hospital and	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	re; (2) Body bur	ns; (3) A fractur	e of any	kind; (4) Unde	ermined cause	b; (5) Deceased	3 5
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	where the phys	ician who pron	ponuco	death was in	regular atter	dance on the	5.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	No physician w	as in regular	attendan med or fi	ice on the dec	eased prior	o death. Such	1
			V				

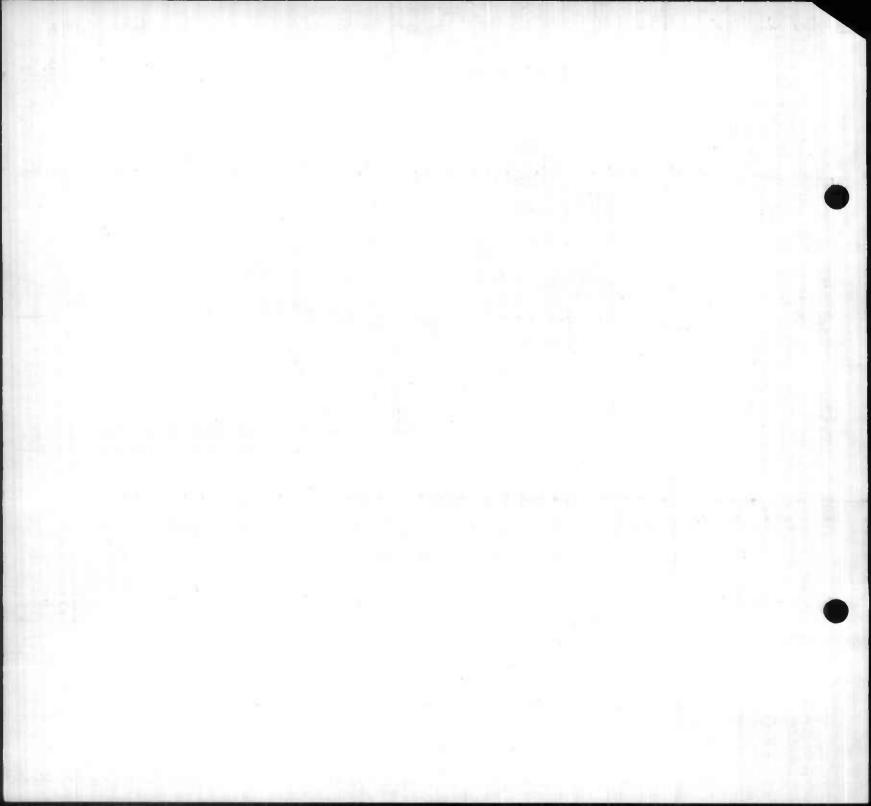
05 1150	BALTIMORE CITY	HEALTH DEPARTMENT		65 1459
ыктн но. 65 1459	CERTIFICA	TE OF DEATH	Registered No	00 1400
T.NAME OF DECEASED (Type of Print) FREDEROCK	AUSTIN		D HOUR OF DEATH	2.45 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7001111			itutian: residence befare admission)
		A. STATE B. COUN	TY	A
FULL NAME OF (If not in haspital at institution, HOSPITAL OR oddress or lacation)	give street	MARYLAND C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
THE JOHNS HOPKINS HOS	SPITAL	BALTIMORE CI	ITY	3-01
I THE COINS HOTKING HOS	/ 1 1 / \ Lan	D. STREET ADDRESS (If	rurol, give locotion)	
		355 HERRING	COURT	
	D. DIVORCED (specify)	1	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Haus Min.
MALE WHITE SING	il E	10-16-96	68	
10A. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired	2. Show	\ \mathrea{1}	1	115A.
13. FATHER'S NAME	uni - of	14. MOTHERS MAIDEN NAM	AE.	M) /
V		MARY SCHRO	DEDED	
WILLIAM AUSTIN	1 6. SOCIAL	17. INFORMANT	JEDEN	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknawn) (If yes, give wor or dates of service)	SECURITY NO.	IV. INFORMANT	1	ADDRESS
100	21707476	1 lauth for	nden	
18. 163 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Sin	amous pail as	11:00010	15 mos.
(This does not mean the mode of dying, e.g.,	DUE TO	amous ceil co	ICHOING.	10 1100
heoil foilure, osthenia, etc. Il meons the diseose, injury or complication which caused death.)	me	19819+16, prob	ap/4 \$80kg	
ANTECEDENT CAUSES	in the	long	,	
	DUE TO			
DISEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoting the	(c) On	eumonia-		5 days
UNDERLYING CONDITION Iosi.		haire maad - aan a m , ah nihim a m - 11 aa annaa aa anan		
, II			•	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IE VEC WERE EN	ADINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OFERATION	105.	IN CERTIFYING CAUS	SES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home of the contribution of the contribut	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0	INJURY OCCURRED	21 F. HOW DID INJ	ILBY OCCUP?	
S OF INJURY	hile At Not Whil		OK! OCCOK.	
(APPROX.)				
22. I certify that (I) (this hospital) attended t	he deceased fram	2/4	965 ta	2/4 1965
that (1) (we) last saw the deceased alive an	2.40	1965 and the	at in(my) (aur) apinl	an death occurred an the dat
and haur and fram the causes stated abave. (1) (We) (did) (did_not) .	view the body after death.		
23A. SIGNAPURE	1		12	23B, DATE SIGNED
young . Spice	M.D. Att.	ending Med. Director	Stoff Phys.	2/4/65
23C. PHYSICIAN'S		23D. ADDRESS	. / / *	11/00
NAME (Type) TERRY C. SPIVA	1/C M.D.	Johns	Hopker	is Hospital
24A. BURIAL CREMATION 24B. DATE / 24C.N	AME of CEMETERY OF CR	EMATORY 24D. LO	PEATION (Ply	, tawn, as county) (Staye)
SCHOVAL (Spesify)	10. 1/2.	Po	10 R	mie In.
25A, DATE REC'D BY HEALTH DEPT 25B, NAME	OFREGISTRARY	25C, FUNERAL DIRECTOR	Jun su	O ADDRESS
TER 9 1965 10 0 6	E Jankey Mil	O. T. TONERAL DIRECTOR		m mand is
LED 0 1300 APOND		Jun J.	owen for	Al mal
VS 150-REV. 1/1/65		U	180	ero por



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🤇 FUNERAL DIRECTOR: IMPORTANT

	1400	BALTIMORE CITY	HEALTH DEPARTMENT	
	1 NO. 65 1460	CERTIFICA	TE OF DEATH X Registered N	65 1460
1, NA	ME OF DECEASED	0	2. DATE AND HOUR OF DEA	TH
Туре	OF Print) TANOWITZ-	RAYMONDA	2-7.65	945 PM
. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institutions residence before admission
FI	JLL NAME OF (If not in hospital or institut	ion give elevel	MD	150 sto
H	OSPITAL OR oddress or locotion)	ion, give sheer	C. CITY OR TOWN, (If outside city limits, wri	ite RURAL ond give township)
/	ser /	of Maryland	Baltimare	53.00
1	-utheran Haspital a	y Mary Land	D. STREET ADDRESS (If rurol, give location)	
			27 Green Wasel	Rue.
. SE	X 6. RACE 7. MARI	NED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hr. Months: Doys Hours Min.
	Male while M	AD A / ED	9-21-1914 50	William San
	USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one	during most of working life, even il retired)	10 . 0 . 0	17	WHAT COUNTRY?
24	ATHERS NAME	MOCO STEPL	BALTIMORE MID	1 11 13.71
30 E	ATTIERS WANTE		A MOTTER'S MAINEN TOME	
<	JOSEPH H. JANO	WITZ	ANNA SAKIE	VICH
	tos Deceosed Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No -	212-05-7608	MARGARET J. JANO	WITE ARCRITICAL
1	18, 1 4 2 0 1	CAUSE OF	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH		0 +	
	(This does not mean the made of dying,		Brain Lumar	
	heart failure, asthenia, etc. It means the dise	050		
		450,	insetantatic)	
	ANTECEDENT CAUSES	(B)	Brain tumar (Metastatic)	
	ANTECEDENT CAUSES	(B)	(notastatic)	
	injury ar camplication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	(B)	(metastatic)	
	injury ar camplication which coused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B)	(netostatic)	
	injury ar camplication which coused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the abave cause (A) stating UNDERLYING CONDITION last.	(B) DUE TO	(Metastatic)	
	injury ar camplication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	(B) DUE TO ving the (C)	(notostatic)	
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OPERATION (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE STROOS GFRAMT. BURIAL CREMATION, 24B. DATE 24	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceased from an 2 e. (1) (We) (did) (did not) v M.D. C. NAME of CEMETERY of CRE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING of or obout 21C. WHERE DID (If in Boltifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 to	causes of Death? more City, give exact location) 19 65 opinion death occurred on the da 23B, DATE SIGNED 2/7/65 (City, lown, or county) (State)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OPERATION (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE STROOS GFRAMT. BURIAL CREMATION, 24B. DATE 24	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceased from an 2 e. (1) (We) (did) (did not) v M.D. C. NAME of CEMETERY of CRE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING of or obout 21C. WHERE DID (If in Boltifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 to	causes of Death? more City, give exact location) 19 65 opinion death occurred on the da 23B, DATE SIGNED 2/7/65 (City, lown, or county) (State)
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MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OPERATION (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE STROOS GFRAMT. BURIAL CREMATION, 24B. DATE 24	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work ed the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING To obout 21C. WHERE DID (If in Bolti fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	causes of Death? more City, give exact location) 2 3 19 6 5 opinion death occurred on the da 23B, DATE SIGNED 2 7 6 5 (City, town, or county) (State)

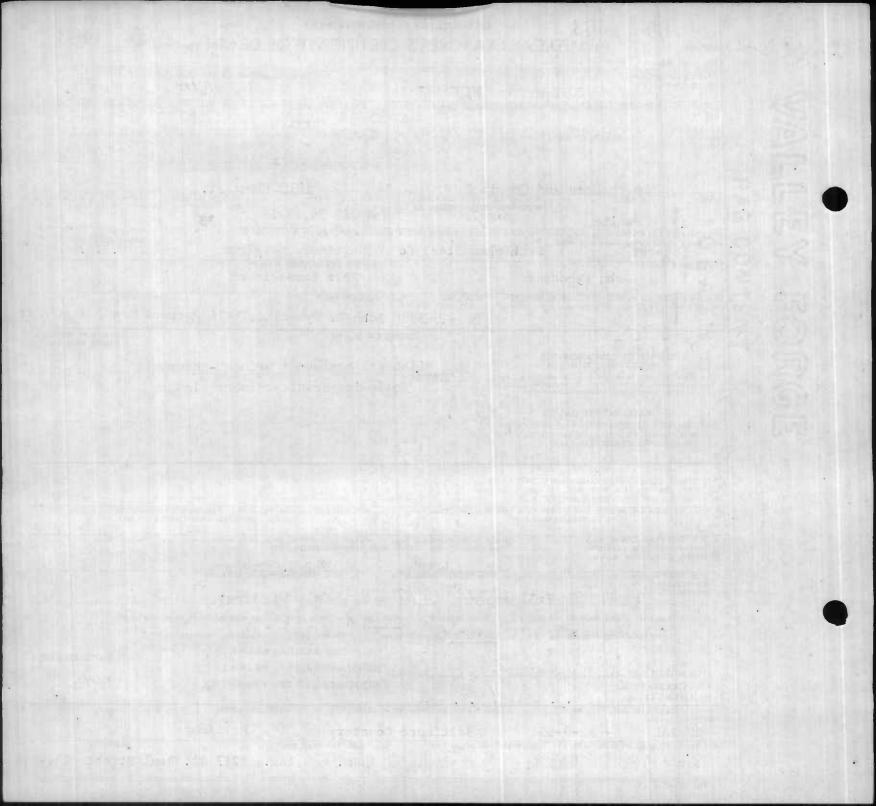
	BALT	IMORE CITY HEALTH DEPA	RTMENT	
BIRTH NO. 65 1461 M.E. CASE NO.	CER	RTIFICATE OF D	EATH Registered	No. 65 1461
1. NAME OF DECEASED			2. DATE AND HOUR OF DE	ATH - 1020
(Type or Print) Janie J	arbore		Pebruary 6.	1965 10 A.
3. PLACE OF DEATH IN BALTIMO	RE, MARYLAND	4. USUAL RESI	DENCE (Where decoded lived. B. COUNTY	If institution: residence before admission
	ospital or institution, give street	Mary	iland	1704
HOSPITAL OR oddress or INSTITUTION	Idcollon/	C. CITY OR TO	WN (If outside city limits, v	write RURAL and give township)
		D. STREET ADE	ORESS (If ruro), give location	n)
102 N. Para :	57	170 %	Ramsev 57	*
S. SEY 6. RACE	7. MARRIED, NEVER MA		TH 9. AGE (In years	If Under 1 Yr. II Under 24 Hr Months: Doys Hours Min.
Female White	MIDOWED, DIVORCE	Januar	WIO. J.CO G 8	North Mars Day's Hours Name
10A, USUAL OCCUPATION (Give kind done during most of working life, even if	of work 10B, KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLAC	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work		ne Wiral	012	4.5.4.
3. FATHER'S NAME	019110101		MAIDEN NAME	<i>H</i>
111.11.2 11 1	1	11.00		
15. Was Deceased Ever in U. S. Am		17. INFORMANT	CHOWM	ADDRESS
(Yes, no or unknown) (If yes, give wor	or dotes of service) SECURI	TY NO.	11	0 01
IVO		CAUSE OF DEATH	46ME 1702	WITERVAL BETWEEN
1B. 4-2.1		CAUSE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION		Cardin-1	bruits ta	Mule
(This does not mean the m		DUE TO		
heart failure, asthenia, etc. It		Wilme	2.	
ANTECEDENT C		(B) Chi l'ye	Meline	
DISEASES OR CONDITION		DUE Tartent	election	CVITIO
rise la lhe abave cause	(A) stating the	10 Cen an	Denorler	nig.
UNDERLYING CONDITION I	1SI.			
Z OTHER SIGNIFICANT CONDITION	ONE CONTRIBUTING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE			
U 19A. DATE OF OPERATION 119	B. CONDITION FOR WHICH OPE	RATION 20A. AUTOP	SY? (Yes or No) 208. IF YES, W	VERE FINDINGS CONSIDERED
A W	AS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE	YING 218. PLACE OF	INJURY (e.g., in or obout 21 C. W. tory, street, office bldg., INJUR	HERE DID (If in Bg)	Itimore City, give exact location)
DEATH (notify medical examiner		,		
21D. TIME (Month) (Doy)	(Year) (Hour) 21 E. INJURY O	CURRED 21F. H	OW DID INJURY OCCUR?	
(APPROX)	While At Work	Not While At Work		
22 1	aspital) attended the decease		6 164	70101 1065
	1 . /	1 6	1	Ter 6 1965
that (1) (we) last saw the d) apinian death accurred on the de
	es stated abave. (1) (16) (did) (did not) view the bady o	after death.	
23A. SIGNATURE	(D)	M.D. Attending	Med. Stoff	23B. DATE SIGNED
WILLIMD	aguin	Phys.	Director Phys.	700 / /3
PAME (Type)	A N CE	23D. ADDRESS	Pa 1/ 1/2 0/1	K Q
MILLAND	TOPLETE	M.D. 5 901	Jank longh	1) /0/.
24A. BURIAL CREMATION. 24B. D. REMOVAL (Specify)	ATE 24C. NAME of CEN	METERY OF CREMATORY	24D. LOCATION	(City, lown, or county) (Stote)
Buriol 21	8/65 Mendon	vido e Cemeter	V DOCELV	Maryland
25A. DATE REC'D BY HEALTH DEP	T. 258. NAME OF REGISERA	25C. FUNER	AL DIRECTOR	ADORESS
FEB 9 1	965 Relub E. Jo	Weuthill 1821+	erc PunevolH	om exm Hastman
VS 150-REV. 1/1/6S		100 50 / /		1414 40 11.00



VS 150-REV. 1/1/65

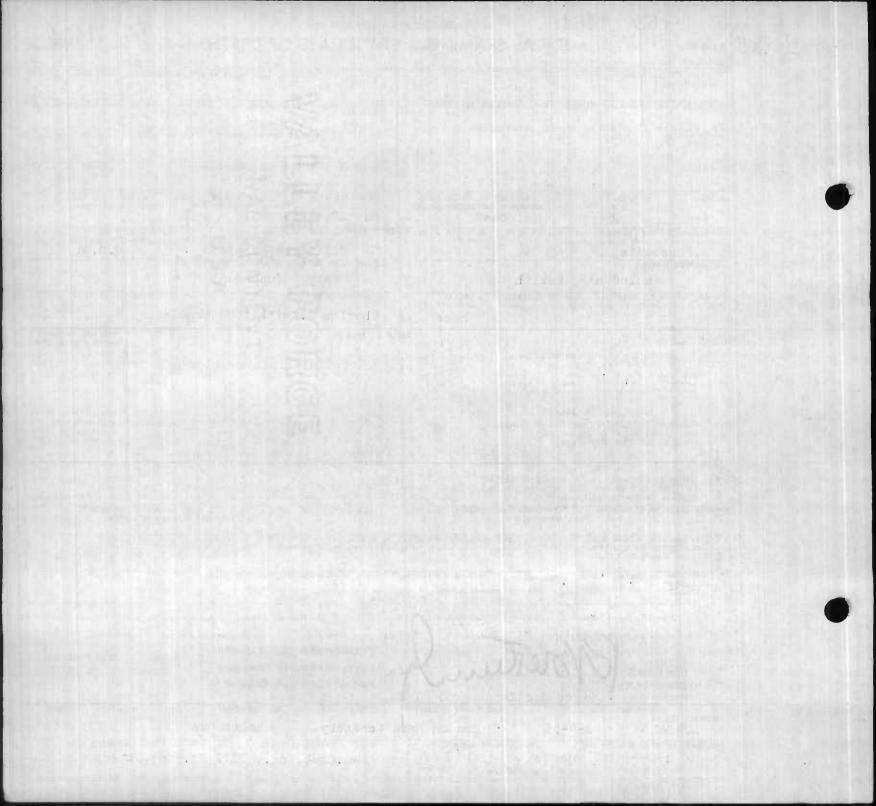
0.5	BALTIMORE CIT	Y HEALTH DEPARTMENT		(> por
ыкти но. 65 1462	CERTIFICA	TE OF DEATH	Registered Na.	65 1462
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) GARRIOTT, GUS	SIF. L.	2-7-6		5:05A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	012, 2.	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before odmission)
FILL NAME OF A STATE AND THE BOOK OF THE STATE OF THE STA		MARYLAND		10-05
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street	C. CITY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
		BALTIMORE #	23	
ST. AGNES HOSPITAL		D. STREET ADDRESS (If re	urol, give location)	
The latest and the la		2122 EAGLE S	T.	
	DIVORCED (specify)		AGE (In years ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTR		n country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYBLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	l E	
ILE James O. Zepp.		Camab El C	allivon.	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	Sarah F. S		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	ST AGNES HOS		
18. // 20 /	CALLES	WILKENS & CA	TION AVE. 2	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
LEADING TO DEATH	/ 1	ostion Cerry	21	
(This does not mean the made of dying, e.g.,	DUE TO	70-210	f	
heart foilure, asthenia, etc. II means the diseose, injury ar camplication which caused death.)	10	at Wand	:01	
ANTECEDENT CAUSES	(B)	use mycanic	4 HYPICKY	9
DISEASES OR CONDITIONS, if any, giving	D0 E -10			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		700000000000000000000000000000000000000	
AA				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exect locotion)
DEATH (notify medical examiner)	,,,			
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY (APPROX.) While	Not Whi			
22. I certify that (I) (this hospital) attended the			9 65 10	2-7 1965
that (I) (we) last sow the deceased alive an				and dook account on the date
			t m(my) (dos) opimic	in death accorred on the dole
ond hour ond from the causes stoted obave. (1) 23A. SIGNATURE	(we) (did) (did not)	view the body after death.	2:	B, DATE SIGNED
- Million and the state of the	WELL MA, D. At	tending Med.	Stoff d	27-61
23C. PHYSICIAN'S	Ph	23D. ADDRESS	Phys.	
NAME (Type)		ST. AGNES	HOSPITAL	
DR. HEREDIA	M.D.			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NA/	ME of CEMETERY of CE	SEMATORY 24D. LO	CATION (City,	town, or county) (Stote)
Burial 2/11/65 Dr	uid Ridge		Pikesville	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	2	ADDRESS
FEB 9 1965 (Relate	E, Jankey M. A	Olusten/6.h	onevan 38	18 Notang Our

VS 151-REV. 1/1/65



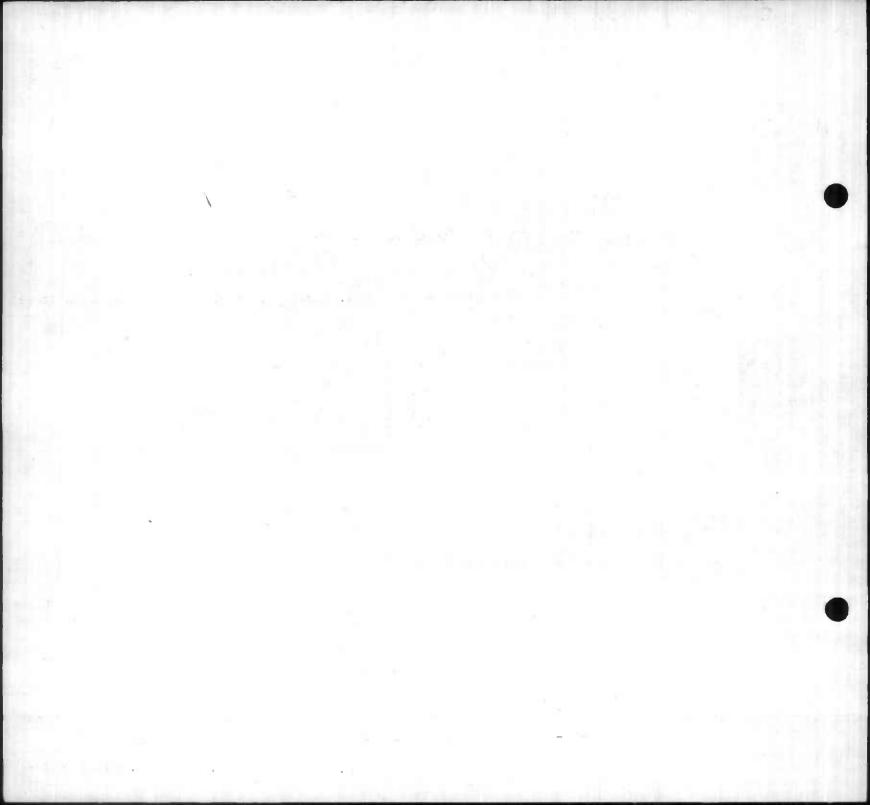
BALTIMORE CITY HEALTH DEPARTMEN				
	RALTIMORE	CITY	HEALTH	DEPARTMEN

BIRTH NO.	MFDI		CAMINER'S CI		OF DEATH Registr	65 146	4
M.E. CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C, (a =,	., ., ., ., ., ., ., ., ., ., ., ., ., .				
1. NAME OF DE	ECEASED			2. DA	TE AND HOUR PRONOUNC	ED DEAD	
(Type or Print)		MAMIE	SMITH	F	February 6, 196	5 9:25 p) A
3. PLACE IN BAI	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	(Where deceased lived. If ins	titution: residence before odn	mi s sic
FULL NAME OF	ADDRESS OR LOCA	L OR INSTITU	UTION, GIVE STREET		yland foutside corporate limits, writ	te RURAL and give township	p)
INSTITUTION	ADDRESS OR LOCA	TION/			ooklyn	23 00	3
				D. STREET ADDRESS	*	25 K - 55 A	
	St. Agn	es Hosp	ital		re Avenue		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
female	white	widow widow	DIVORCED(specify)	May 29, 1883	3 lost birthdoy)	Months Doys Hours	Min
TOA. USUAL OC	CUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY?	
done during most o	f working life, even if retired)			Baltimon	re, Maryland	U.S.A.	
13. FATHER'S NA				14. MOTHER'S MAIDEN			
	(unknown) Em	rich		Mary	(unknown)		
	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknow	(If yes, give wor or dote	s of service)	security No.	Charles J. St	mith,1608 Rambl	ewood Road, 212	212
18.						INTERVAL BET	
42	1 1		CAUSE	OF DEATH		ONSET AND D	
RISE TO T UN DERLY	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	NY, GIVING TATING THE					
19A. DATE C	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	OT NO) 20B. IF YES, WERE FIN CERTIFYING CAU		
UNDERLYING UTING CA	AL CAUSE WAS	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, sheet, o	in or obout 21 C. WHERE	DID (If in Boltimore City, g	give exoct locotion)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT AT W	WHILE	ID INJURY OCCUR?		
22.	ertify that I held an I	nquiry 🗌	Inspection X Aut	apsy and that	on this basis, death in	my apinian	
res	ulted from Notural car	uses X	Accident 🗌 / Suicid	e Hamicide	Undetermined mann	ner	
	////	117			AL EXAMINER	DATE SIGN	NED
SIGNA		Will	111 MAD	ASSISTANT MEDIC	AL EXAMINER	2-7-65	1120
	INER'S		1	ASSOCIATE MEDIC		2 / 05	/
	(Type) Rudiger				Tene	V	
23A. BURIAL CI REMOVAL (Spec	REMATION, 238. DATE	23	C. NAME OF CEMETERY O			y, town, or county) (St	tote)
BURIA		5	Loudon Park	Cemetery	Baltimore		
24A. DATE REC'	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DI		ADDRESS	000
	FEB 9 1965	Rober	6 E. Farbey M.D.	Wm.Cook,]	Inc., 1217 St.Pa	aul Street, 21	202

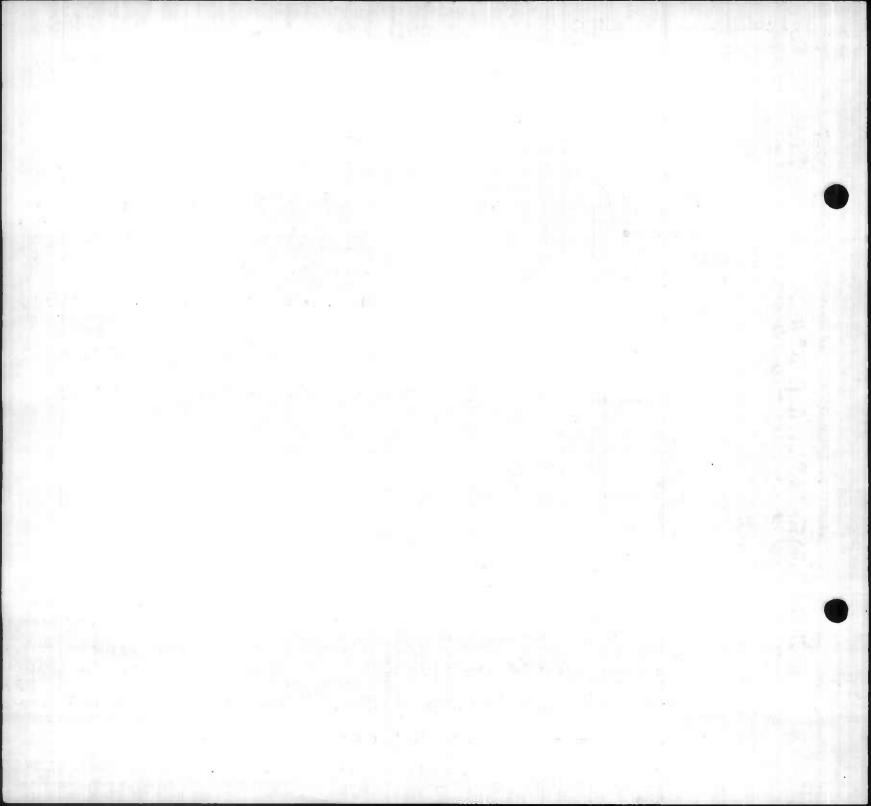


1	1	E)1
1	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
IMPORTANT	or his assistant if Also, if the direc	re of any kind; (4)	attendance on th
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner.	ure; (2) Body burns; (3) A fracture where the physician who pro-	No physician was in regular of before the remains are embal
	This certificate must be approved the body was released to the ho	shows: (1) An accident of any nat was D.O.A. at a hospital (except	deceased prior to death); and (6) No physician was in regular attendance on the deceased privritten approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		65 1465
ыктн но. 65 1465	CERTIFICA	TE OF DEATH	Registered Na	00 1460
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) A 1 A RRED CON	Rad Per.		HOUR OF DEATH	6 10/A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	read / t	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY		stitution: residence before admission)
FULL NAME OF (If not in hospital or institution address or location)	ion, give street	Md.		7-06
INSTITUTION The Hospital	1 For the	D. 14	4 212	URAL ond give township)
		D. STREET ADDRESS (If Type	give location)	0/
Women of mas	ey land	1736 6	200	J7.
Male white wido	WED, DIVORCED (specify)		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINT done during most of working life, even if retired)		11. BIRYHPLACE (State or foreign	country	12. CITIZEN OF WHAT COUNTRY?
	It 2 /en Bros	Maryland	1	a.s.A.
13. FATHERS NAME	1.) - 1	14. MOTHERS MALDEN NAME		
Joseph Warren	PERSHAW	Teges, 1	Marie K.	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a unknown) (III yes, give war ar dates of servi	218 CURY 7057	Mrs Bersie En I	(ershaw 17	736 East 28th Stree
18.420,1 +260 X	CAUSE O	F DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	GV	Tenjeue as	ute M	40-
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dise		la Calatia	11 Pl	
injury or complication which coused death.)	ose, Cara	My starcho	n will	
ANTECEDENT CAUSES	DUE 10	The Company	you E	also de la companya d
DISEASES OR CONDITIONS, if any, giverise to the obove couse (A) stating	1 1 // 20 - 10/1	valles Nel	littles	
UNDERLYING CONDITION lost.	Action and an action of the second	######################################		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DAYE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Baltimore	City, give exact lacotion)
21D. TIME (Manth) (Doy) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Work Not Whi	е		
22. I certify that (I) (this hospital) attend	ed the deceased from	2 - 6 19	65 ta	2-8 1965
that (1) (we) last saw the deceased alive	on 2 - 8	19 65 and that	in (my) (aur) apln	nian death accurred an the date
and haur and fram the causes stated abav	e. (1) (We) (did) (did not)	view the bady ofter death.		
23A. SIGNATURE	A A	ending Med. St	off [7]	23 B. DATE SIGNED
hadena mor	MP.M.D. Phy	s. Director Ph	lys. A	2-8-65
23 C. PAYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMAYORY 24D. LOC	ATION (Cit	ly, town, or county) (State)
REMOVAL (Specily) BURIAL 2-11-65	Dulaney Valley		ltimore Cou	
	ME OF REGISTRAR	Wm . Cook = Towson	. Inc. 121	7 ST.Paul S ^T reet
FEB 9 1965 (R.C. VS 150-REV. 1/1/65	est E. tarbey M.A	WIII COOK TOWSOII	,	



		BALTIMORE CIT	Y HEALTH DEPARTMENT	C	- 4400
	TH NO. 65 1466 E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No. 6	0 1466
1, N (Typ	AME OF DECEASED OF PRINTIPE OF DEATH IN BALTIMORE, MARYLAND	da L.	2. DATE AND I	HOUR OF DEATH 6-1965 eccessed lived, If institutions	7 15 P.M.
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) NSTITUTION	on, give street	a. STATE B. COUNTY	city limi)s, write RURAL on	
	Bon Secour		C # 0 =	, give locotion)	73-00
5. \$	E WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	AGE (In cors birthdoy) If Under Months	Pr 1 Yr. If Under 24 Hrs. Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 108, KIND e during most of working life, even if retired) Housewife	OF BUSINESS OR INDUSTR	Y 11. BIRTAPLACE (State or foreign	country) 12. CIT	IZEN OF IAT COUNTRY?
GU,	FATHERS NAME STAV Adolph Moebius		Laura Fled	twood	
(Yes	Was Decassed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi		John L. Lentz, 802	Edgewater St.	
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH APRIC SCLEROTIC				IC HEART	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, asthenio, etc., it means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving					YEARS
NOI	rise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING			
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OR, IF YES, WERE FINDINGS	CONSIDERED DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give	ve exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeot) (Hout) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Will Work At Work		OCCUR?	
	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	on 2-6-		in(my) (aur) apinian dec	oth accurred on the dote
and hour and from the causes stated abave. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Left Cimps - M.D. Attending Med. Director Phys. 123B. DATE SIGNITURE Phys. Phys. 125 Phys. 126 Phys. 126 Phys. 126 Phys. 126 Phys. 126 Phys. 127 Phys. 12					TE SIGNED 6. 6-1962
	PAGUSTIN DE	CAMPO M.	DON SECOL		6. 6-196. Balto, Mc
	BURIAL (Specify) 2-10-65	Prospect Hill	Cemetery Tows	ion, Maryland 21	204
254		TE Farber M.A	Wm. Cook-Towson,	Inc., 1050 Yor	k Road, 21204



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT 65 1467				
BIRTH NO. 65 1467 M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type STPRINT) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Dashfields) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission as STATE B. COUNTY 14 0				
FULL NAME OF (If not in hospitol or institution, goddress or locotion) INSTITUTION Lion Hill Muse	ing Home C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore B. STREET ADDRESS (If rural, give location)				
1219 W. Fayette	St 2002 Division St				
M. Col WIDOWED	NEVER MARRIED D. DIVORCED (specify) 12-6-1885 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of forking life-even if retired)	Princesoline, md USA				
Samuel De Shield	Lo Sally Winder				
15. Was Deceosed Ever in U. 1 Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Katie Green - 2919 Grantley Rd				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH INTERVAL SETWEEN ONSET AND DEATH				
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	D. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) ne, form, foctory, street, office bldg., INJURY OCCUR?				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E,	. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
that (I) (we) last saw the deceased alive an	22. I certify that (I) (this hospital) attended the deceosed fram 19 3 to 19 5 and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.				
23A, SIGNATURE	M.D. Attending Med. Stoff Phys. 238. DATE SIGNED				
23C. PHYSICIAM'S NAME (Type)	atts M.D. 515 M both atom by				
Quick 2-11-65 m	taubun Baltimow Md				
FEB 9 1965 P. D. B.	OF REGISTRAR 255C FUNERAL DIRECTOR ADDRESS				

and fort at the same a se position I must De alkalete Method ...

~ \(\)	BALTIMORE CIT	Y HEALTH DEPARTMENT		
0.0	BIRTH NO. 65 1468 CERTIFICA	ATE OF DEATH Registered No. 65 1468		
n th Suc	TI. NAME OF DECEASED ALICE H. BELL	2. DATE AND HOUR OF DEATH February 4.1965 4		
(5) Decedance and death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY		
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacotion)	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give townships)		
cause; attend iar ta	Long Green Nursing Home	Baltimore /3-0/		
	115 E. Melrose Avenue Baltimore, Maryland	D. STREET ADDRESS (II rurol, give location) 3741 Beech Avenue		
mine gula sed mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8/8/1884 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
n re eced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
(4) Undet was in the dece sposition	Housewife-Teacher-ret Teaching	Maryland USA		
(4) w the	Edward W. Hepburn	Mary Alice Jackson		
ind; (eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT same above		
deo nce final	No Yes-Unknown			
wha pronounced wha pronounced regular attenda are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoting the	OF DEATH ONSET AND DEATH LENOSCO, etc Corde Vascules Descend 1954		
ody burns; (3) ne physician sician was in the remains o	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. Date of Operation 198. Condition for which Operation was Performed	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
000	OR CONTRIBUTING CAUSE OF DEATH (notifly medical examiner) 21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)		
cept whad (6) Notationed by	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whork At Work			
afan) tal (ex th); al	22. I certify that (I) (this hospital) attended the deceased fram 19 00 19 to 7-0 19 00 that (I) (we) last sow the deceased alive an 19 0 and that in (my) (our) opinion death occurred on the date and fram, the causes stated obave (I) (We) (did not) view the body after death.			
ccide a hai ta d	23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED			
AA	William G. Helfrich M.D	REMATORY 24D. LOCATION (City, town, or county) (State)		
Vs: (D.O. D.o. den	24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CI 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR			
shov was dece	FEB 9 1965 Release E. Farkey M. D.	Robert A. Pumphrey, Bethesda, Md.		

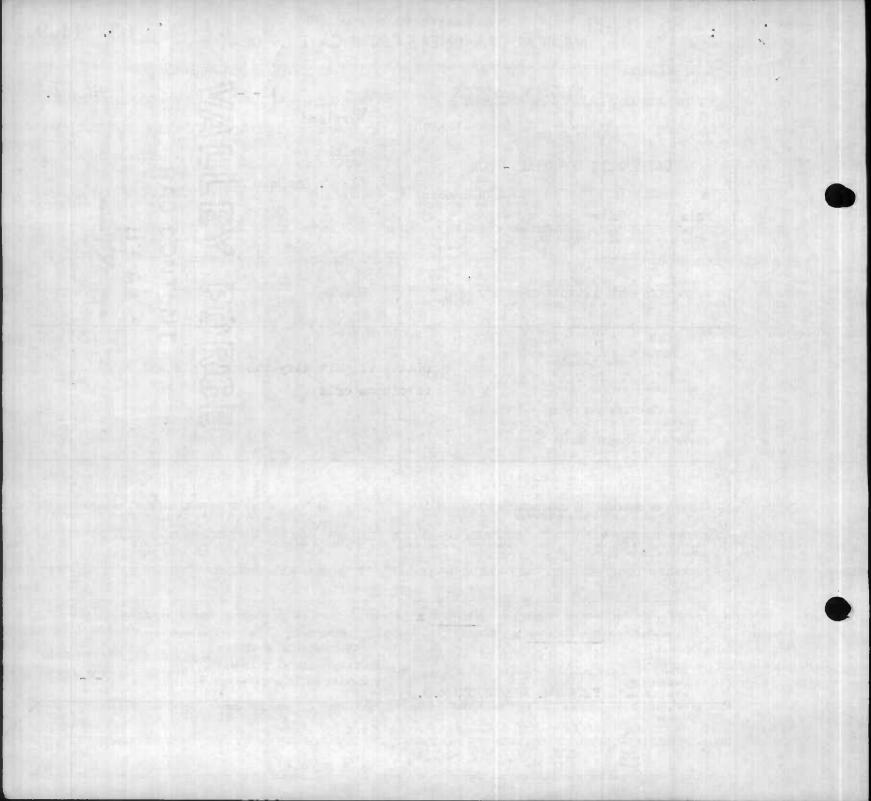
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 2/6/ 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Rockville Cemetery Rockville, Maryland

258. NAME OF CEGISTRAR

Robert A. Pumphrey. Bethesda. 2/6/65 25A. DATE REC'D BY HEALTH DEPT. FEB 9 1965 Robert A. Pumphrey, Bethesda, Md. VS 150-REV. 1/1/65

1 to the state of th 10 P

VS 151-REV. 1/1/65



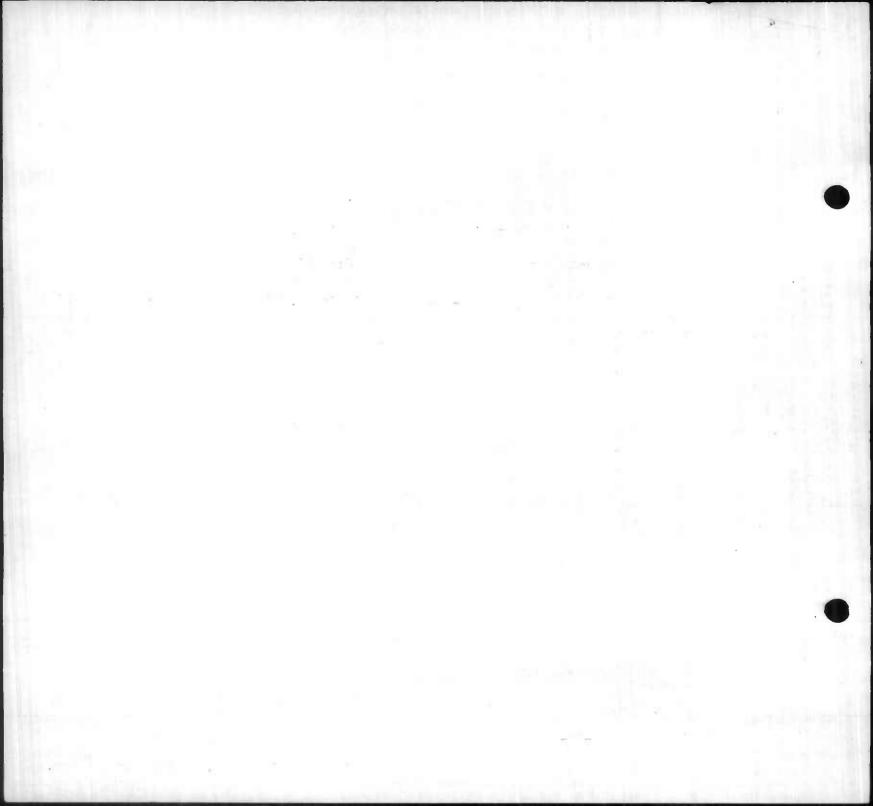
IMPORTANT FUNERAL DIRECTOR:

death was in regular attendance on the the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

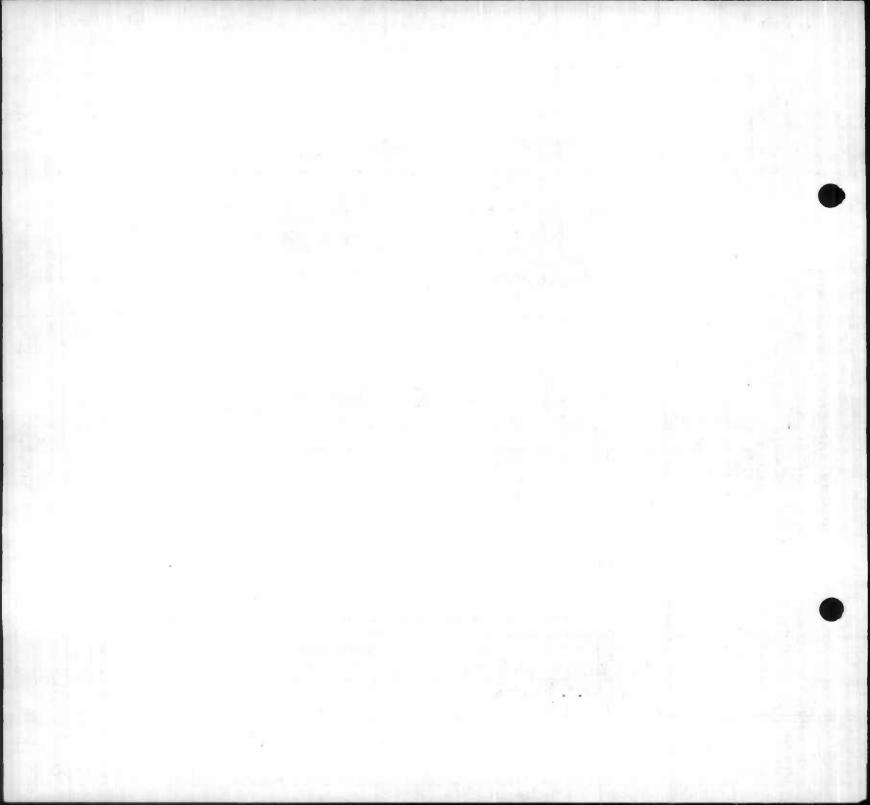
Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
MRTH NO. 65 1470	CERTIFICA	ATE OF DEATH Registered No.	65 1470
1. NAME OF DECEASED	10.4	2. DATE AND HOUR OF DEATH	_
CRAUMER	MINNIE	2-5-65 4. USUAL RESIDENCE (Where deceased lived, If institutions)	3.20 P.N
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE B. COUNTY	ution: residence before ormission)
FULL NAME OF (If not in hospital	or institution, give street	md	3-01
HOSPITAL OR oddress or locotion	1)	C. CITY OR TOWN (If outside city limits, write RUR	(AL and give township)
		BALTIMORE	
CHURCH HO.	1 1/22	D. STREET ADDRESS (If rural, give location)	
		1413 Gough ST	# 31
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years I lost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Norths: Doys Hours Min.
t w	widow	Dec. 17, 1878 86	
10X, USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Housewife	Baltimore, Maryland	WHAT COUNTRY:
NONE		14. MOTHER'S MAIDEN NAME	
August Pu	le	Josephine	
5. Was Deceosed Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or date		17. INFORMANT	ADDRESS
No	s of service) SECURITY NO. 919-05-7605	William A. Vickers 8717	Joch Bend Drive
18. 5.45 V 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) (2)	ENEVALIBED	
(This does not mean the made of	dying, e.g., DUE TO	ENEVALIZED Peritonitis	
heort failure, asthenia, etc. It means injury or camplication which coused	deoth.)	FAITONING	
ANTECEDENT CAUSES	(B)	NTERIOR WALL OF	
DISEASES OR CONDITIONS, if	ONV GIVING	NTErior WALL OF	
rise to the obave cause (A)	stating the (C)	STEMACH	
UNDERLYING CONDITION lost.		•	
- II			
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA	ONTRIBUTING TED TO THE		
	Т.	[20.4	
19A. DATE OF OPERATION 19B. CON WAS PERI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	S OF DEATH?
S 21A ACCIDENT WAS UNDERLYING	218 BLAGE OF INITION/		in the second second
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	in or about 21 C/ WHERE DID (If in Baltimore C office bldg., INJURY OCCUR?	ity, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh	ile	
	Work At Work		
22. I certify that (I) (this haspital			19
that (I) (we) last saw the decease	d alive an	19and that in(my) (aur) opinio	in death accurred an the date
and haur and from the causes stat	ted above. (I) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23	B, DATE SIGNED
Ephroum (Bogs and M.D. At	tending Med. Stoff ys. Director Phys.	
23C. PHYSICIAN'S	7	tending Med. Stoff ys. Stoff Phys. 23D. ADDRESS	
NAME (Type)	B B M M D T D T M D		1 Hocaital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CI	CHLIZEH HOME	2 1101 11172
REMOVAL (Specify)			town, or county! (State)
Burial 2-19-19	Holy Redeemer	Baltimore, Maryl	and
254 DATE BEC'D BY HEALTH DEPT	250 NAME OF DECISEDADO	125C FUNERAL DIRECTOR	ADDRESS

Robert E. Farkey M.A. Lilly & Zeiler 1965 FEB 1901 Eastern Ave. Inc. VS 150-REV. 1/1/65

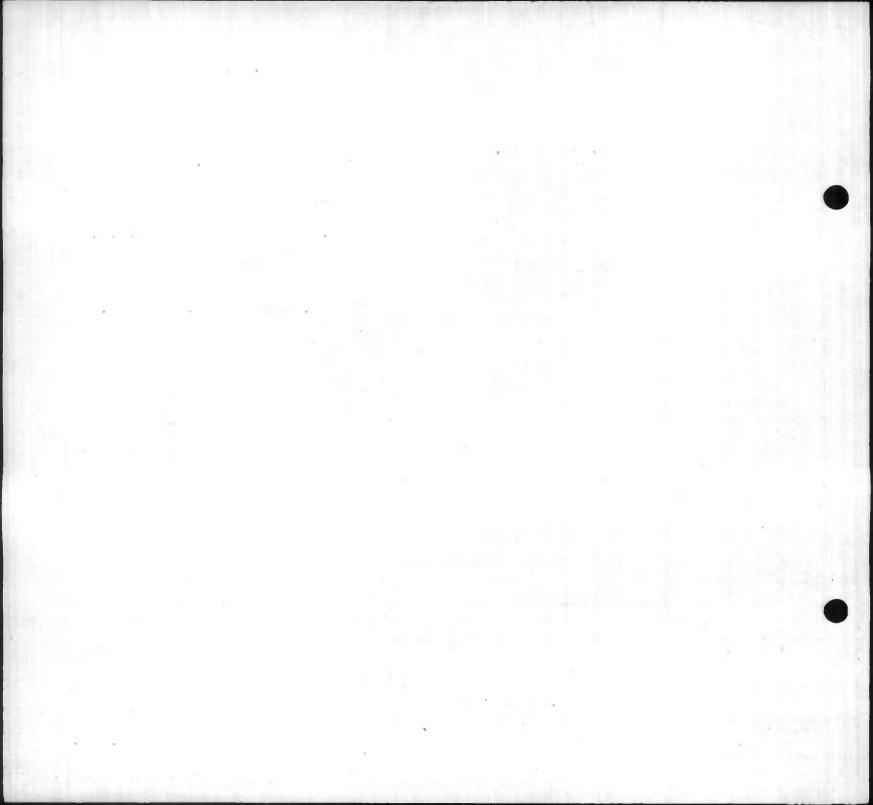


a Street	BALTIMORE CITY	HEALTH DEPARTMENT		65 1471	
BIRTH NO. 65 1471	CERTIFICA	TE OF DEATH	Registered No.	00 14/1	
M.E. CASE NO. 1. NAME OF DECEASED	FK3 670	2. DATE AN	D HOUR OF DEATH		
(Type or Print) Min - This Sand		2-7-6		1.5:30 A	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If i	nstitution: residence before admission)	
	_	A. STATE B. COUN'	TY /	. Re e-	
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	1137 Celest	froulles	- Their	
INSTITUTION		1 1 1	1010	RURAL and give township)	
11 1/	V		ve The.	1800	
University Locatel		D. STREET ADDRESS (If rural, give location)			
101			and		
	D, NEVER MARRIED ED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.	
+ N 7	Jaccied	4-24-1899	65		
IDA, USUAL OCCUPATION (Give kind of work 108, KIND of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Housewill		March		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	2,0,,	
A O		A.			
George Usborne	73.4.20.21.4	Georgiana	va		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	4	ADDRESS	
Tho		Lao.	el		
18. 7 (197)	CAUSE O	F DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY		1).0.		ONSET AND DEATH	
LEADING TO DEATH	w Bra	to Kenol Sout	lower	Porced 5 deas	
(This does not mean the mode of dying, e.g.				11	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES	(B) EXEC	od Cygenaus (Mesoto	Do eges.	
DISEASES OR CONDITIONS, if any, giving	DUE TO	- 100		1	
rise to the above cause (A) stating the		. Deederg		14 days	
UNDERLYING CONDITION lost.					
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	NG				
DISEASE OR CONDITION CAUSING IT.	ne	-			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSYT (Yes of No	20B. IF YES, WERE	FINDINGS CONSIDERED	
E &				7	
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Baltime	re City, give exoct (cotion)	
d DEATH (notify medical examine) etc	c.)				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
S OF INJURY	hile At Not While			25	
	ork At Work				
22. I certify that (1) (this hospital) attended	the deceosed from	2-4-45	9to	2-7-45 19	
that (1) (we) lost saw the deceased olive on.	2-7-65	19	at in (my) (our) op	inion deoth occurred on the date	
ond hour and from the couses stated above.					
23A. SJONATURE	(17 (313) (313 1131)	Ten the body offer decim		23 B, DATE SIGNED	
1/4/1/ bering M.3	M.D. Atte	ending Med.	Stoff 4		
191.11	Phy	s. Director	Stoff Phys.	2-7-45	
NAMETUPE J. J.J. Messina		23D. ADDRESS	7/	0	
U.J.MESSINA	M.D. M.D.	(Service soft	Losgeton		
	NAME of CEMETERY OF CRI	MATORY 200. LO	CATION (C	City, town, or county) (State)	
REMOVAL (Specify)	Arbutus M	Iem DE 1.	1.1 1	2.1	
BUYIGA OF THE OFFI	1.7		butus, M	ICI.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	15.10.	ADDRESS	
FFR A LADO OFFICE	M. M. Manney L.	Storge A. lels	m 1348N	· Calhoun St	
VS 150-REV. 1/1/65					



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	•	00	H
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (by the chief medical examiner spital by a medical examiner.	or his assistant if Also, if the dire	death occurre	d in a hospital cing cause of de	4 Super
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the r	ure; (2) Body burns; (3) A fractur where the physician who pror	re of any kind; (4) nounced death v	Undetermined	cause; (5) Decea attendance on	the 7
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Ly written approval must be obtained before the remains are embalmed or final disposition is made.) No physician was in regular ed before the remains are embal	attendance on tl med or final disp	he deceased p	rior to death. S	uch L
2	10 (10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.5	13 15 (Y	BI N. 1.	BI N

				BALTIMORE CITY	HEALTH DEPARTMEN	NT	65 1472
	H NO. 6	5 1472		CERTIFICA	TE OF DEAT	TH Registered No	. 14/2
	AME OF DEC	EASED			2. DA	TE AND HOUR OF DEAT	H
(Typ	e or Print)	GEORGE HO	T.ME	3		Feb 7 1061	
3. 1	PLACE OF DEA	TH IN BALTIMORE, MAI			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If	institution; residence before admission)
	FULL NAME O	F (If not in hospital address or location	or instituti	an, give street	Maryland	d	9-08
	NSTITUTION				Baltimon	re	e RURAL ond give tawnship)
		513 E. 20 f	th S	t.	D. STREET ADDRESS	(If rural, give locotion) t 20th St.	
5. 5	EX	6. RACE	7. MARR	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	Male	Negro	Wic	dowed	3-12-77	87	
		JPATION (Give kind of work working lite, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
doll	e doming mass are	walking the, even it telled)			Va.		U.S.A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDE	N NAME	
		Jacob Hol	Lmes			Emma	
		Ever in U. S. Armed Fare		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Alice H. H	Bey 513 E.	20th St.
	18. 42	0-11		CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OF CONDITION DIR LEADING TO DEATH	ECTLY	Ce)	7 Desease	2 400
	heart failure, asthema, etc. it means the disease,					/ 10000000	
		anticolian which coused	deoth.)	(B)			
			nu air	DUE TO		10 000 0 00 0 0000000 0 00 00 00 00 00 0	**************************************
	rise to the	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the (C) UNDERLYING CONDITION last,					
		11			75		
CERTIFICATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	TED TO				
RTIFIC	19A. DATE OF	OPERATION 198, CON		OR WHICH OPERATION	20A. AUTOPSY? (Yes	or Na) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CE	21A. ACCIDEN OR CONTRIBU DEATH (natify	NT WAS UNDERLYING DING CAUSE OF		21 B. PLACE OF tNJURY (e.g., in home, form, foctory, street, af etc.)	ar obout 21C. WHERE	DID (If in Baltim	are City, give exact lacation)
0	21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?	
X	(APPROX.)			While At Not While		egoinda _{na.}	Λ
	22. 1 certify	that (1) (this hospital) attende	ed the deceased from		1963 to	nt 2 1965
		last saw the decease				and that in (my) (aur) a	pinion death occurred an the date
	and hour and	fram the causes stat	ed abav	e. (I) (We) (did) (did not) v			
	23A. SIGNATU	And the second s	0				238. DATE SIGNED
	Za	us (&)	Ku	M.D. Atte	nding Med. Director	Stoff Phys.	Jul 8-65
	23C. PHYSICIA	unel -	т.		3D. ADDRESS	- 20	
		Louis A.		nson M.D.	30/2	da na	St
24A	REMOVAL	MATION, 24B, DATE	240	C. NAME of CEMETERY OF CRE	MATORY		City, tawn, ar caunty) (State)
	Burial	2/9/65	25B. NAA	Mt Calvary Co	m SIN SC FILMERAL DIR	Anne Arun	ndel Co. Md.
234	JAIL REG D	FFB 9 1965	R.O.	e & E . Farker M.M.	March 1	A. V.C. 124	9 St Colher A
V\$	150-REV. 1/1/6	65	47.74		LANGE X	3: 1300V / S/	Leaves



This certificate must be approved by the chief medical examiner or his assistant if death occurred

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

(except where the physician who pronounced

the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

if the direct

Also,

examiner.

a medical

by

the body was released to the hospital

was D.O.A. at a hospital

was in regular

death

a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

legistered	No	65	1473

BIRTH	NO. 65 147	3	CERTIFICA	TE OF DEATH	Registered N	. 00 14/3
M.E. C	CASE NO. ME OF DECEASED			**	AND HOUR OF DEAT	TH
	or Print) James Kenn	odu		2. 57.12	2-7-65	9:00 A
3. PLA	ACE OF DEATH IN BALTIMOR			4. USUAL RESIDENCE	Where deceased lived, If	f institution: residence before admission)
FUI	LL NAME OF (If not in ho SPITAL OR oddress or	spital ar institutian.	give street	Maryland	YTAUC	TO THE RURAL and give township)
INS	Provident				outside city illinis, will	te nonce one give township?
	1514 Divi	sion Stre	et	Baltimore D. STREET ADDRESS	(If rural, give lacotion)	
	Baltimore	, Marylan	d		tead Street	
5. SEX	ale Negro		NEVER MARRIED D. DIVORCED (specify) gle	12-25-10	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done d	SUAL OCCUPATION (Give kind uring mast of warking lite, even if re			II. BIRTHPLACE (State or Kent.	loreign country)	12. CITIZEN OF WHAT COUNTRY? 1
-	THER'S NAME	I TOIL	<u> </u>	14. MOTHER'S MAIDEN	NAME	- ODA
	Ed Kennedy			Laura Thom		
15. Wa (Yes, no	o or unknown) (If yes, give war	ed Farces? or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 1 . 0	ADDRESS
		20		Kelles .	taufull	•
h ir	DISEASE OR CONDITION LEADING TO DI This does not mean the mo eotl foilure, osthenia, etc. It hippy or complication which co ANTECEDENT CA DISEASES OR CONDITIONS se to the obave cause INDERLYTING CONDITION to	EATH de of dying, e.g., means the disease, aused death.) AUSES , if ony, giving (A) sloting the	(B) Chil	Iremia Pyelor Prebrul	uphretis	w/ sis
ATIC	THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT OBSEASE OR CONDITION CAU	RELATED TO TH	G Congli	time Heart	+ failur	
	A. DATE OF OPERATION 198	CONDITION FOR	WHICH OPERATION	yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE C EATH (natify medical examiner)	ING 21B harr	ne, form, factory, street, a	n or about 21C. WHERE DI	O (If in Boltin	nore City, give exoct lacation)
71 0	D. TIME (Manth) (Day) F INJURY APPROX.)		INJURY OCCURRED ile At Nat While At Work		INJURY OCCUR?	
22	2. I certify that (1) (this ho	spital) attended t	he deceased from	-29-65	19ta2	2-7-65
th	at (I) (we) last saw the de	ceased alive an	2-7-65	19and		opinian death accurred an the date
1	nd haur and fram the cause	s stated above. () (We) (did) (did nat) v	riew the bady after dea	th.	
23	A. SIGNATURE	201	0.0			23 B. DATE SIGNED
23	C. PHYSICIANS	Man	Phy	ending Med. S. Director 23D. ADDRESS	Staff Phys.	2-7-65

23C. PHYSICIANS

Ruperto Manankil M.D.

1514 Division Street 24D. LOCATION

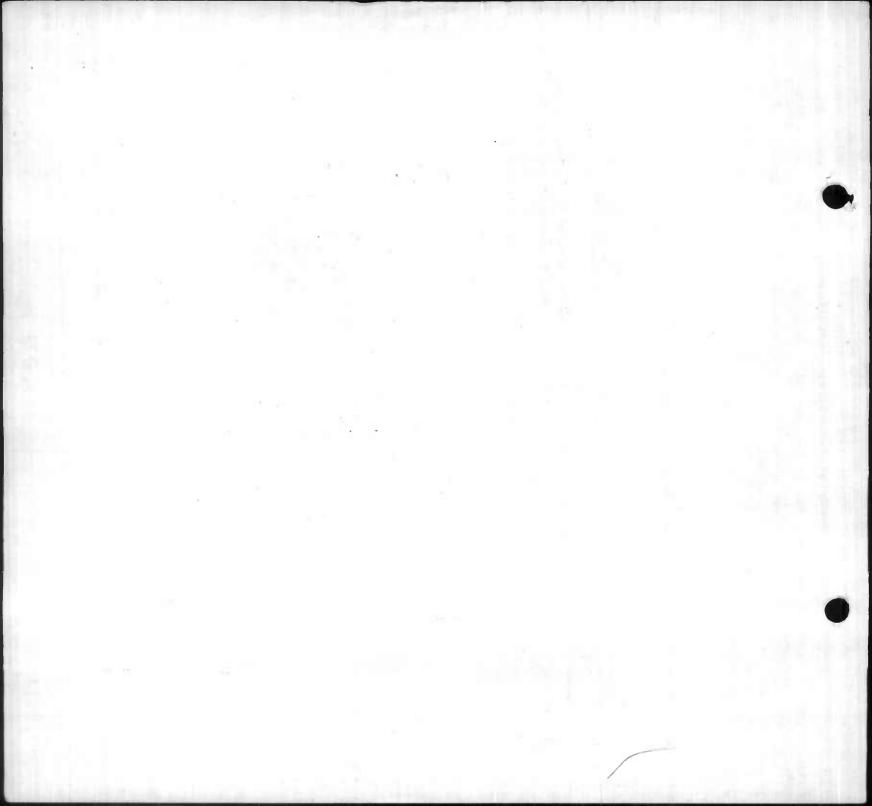
(State) (City, town, or county)

BURIAL CREMATION. 248. 24C. NAME of CEMETERY OF CREMATORY DATE -1965 /ht Sewel 2-11 25A. DATE REC'D BY HEALTH DEPT.

25C FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65



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(APPROX.)

OF INJURY

no

attendance

(4) Undetermined cause; (5) Deceased

BIRTH NO.	65	1474
	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. ___

(If outside city limits, write RURAL and give township)

65	14	7

I. NAME OF DECEASED		
(Type or Print)	ROBERT	SPENCER

AND	HO	UR	OF		EA	HTA
	1	1	6	8	J	1

PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND

B. COUNTY A. STATE MARYLAND

D. STREET ADDRESS

RESIDENCE (Where deceased lived. If institution: residence

FULL NAME OF HOSPITAL OR

(If not in haspital at institution, give street address or location)

> BALTIMORE (If rural, give lacation)

THE JOHNS HOBKINS HOSPITAL

EDEN STREET NORTH

9. AGE (In yours If Under 1 Yr. Months: Days If Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5, SEX 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthday -15-0460 MALE NEGRO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working lile, even if retired)

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

RICHARD SPENCER

MARY 17. INFORMANT

ADDRESS

ONSET AND DEATH

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (III yos, givo war ar dotes of sorvice)

6. SOCIAL SECURITY NO.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearf failure, asthenia, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, il any, giving the abave cause (A) stating the UNDERLYING CONDITION lost.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(Month) (Doy) (Year)

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21) . WHERE DID OR CONTRIBUTING CAUSE OF homo, form, foctory, stroet, office bldg., IMJURY OCCUR? DEATH (notily modical examined

Wark

(Hour)

21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Nat While While At

22. I certify that (1) (this hospital) attended the deceased from

61

that (I) (we) last saw the deceased alive an ...and that fn(my) (our) apinion death accurred an the date

and haur and from the causes stated abyte. (1) (We) (did) (did not) view the body after death. 1011

2301 STORATORE	M. Kohlos	
23C. PHYSICIAN'S	11 2 16 .	

Attending Phys. M.D.

At Work

Med. Director

238, DATE SIGNED

24A. BURIAL CREMATION. REMOVAL (Specify)

M.D. CEMETERY OF CREMATORY

(If in Boltimoro City, give exact location)

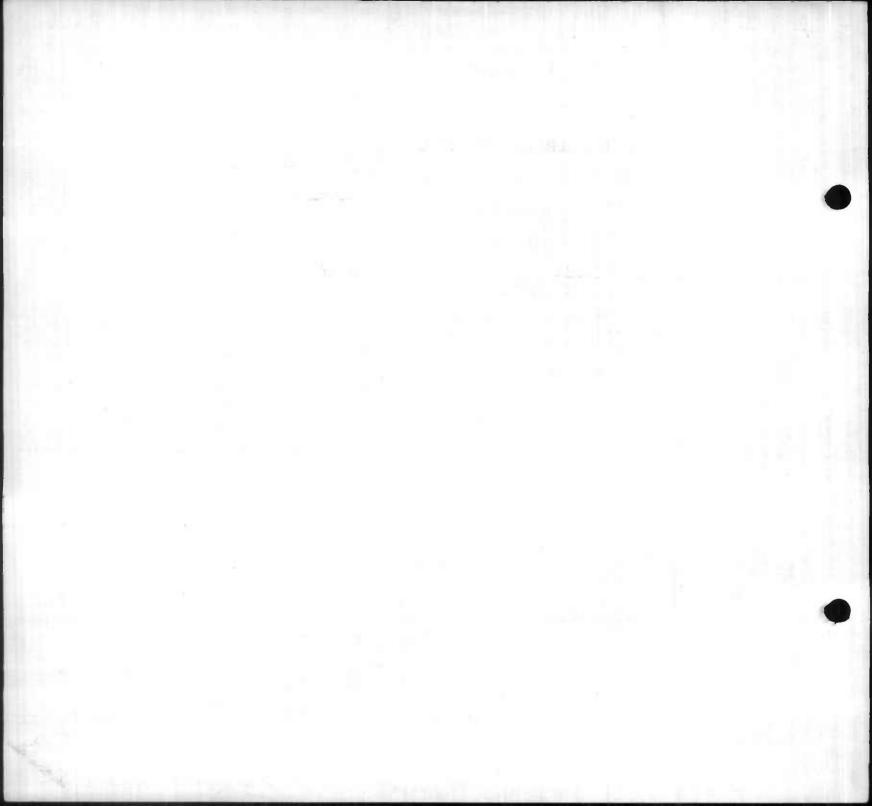
HEALTH DEPT.

NAME OF REGISTRAR

FUNERAL DIRECTOR

ADDRESS

VS 150-REV, 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 2:12 p. DAVID BOOZE 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmissian)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside carparate limits, write RURAL and give lownship) HOSPITAL OR Baltimore D. STREET ADDRESS (If rural, give lacation) 1516 N. Bradford St. St. Joseph's Hospital 9. AGE (In years lost birthday) II Under 1 Yr. II Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (specify) Months Doys Hours Min. male colored JUNE 28 WIdowed 1. BIRTHPLACE (State or foreign country) 2. CITIZEN OF IOA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR WHAT COUNTRY? done during most of working life, even if retired) 104LT0. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIO Dot ve 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL SECURITY NO. (Yes, na or unknown), (II yes, give wor ar dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart laiture, asthenio, etc. It means the discose, injury ar complication which coused death.) DUE TO ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERT 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimare City, give exact lacotion) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 F. HOW DID INJURY OCCUR? 21 D TIME 21 E. INJURY OCCURRED (Year) OF INJURY MHILE AT NOT WHILE (APPROX.) 22, Inspection Autopsy and that on this bosis, death in my opinion I certify that I held on Inquiry Accident Homicide resulted from: Natural couses y Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED

23C. NAME of CEMETERY OF CREMATORY

248, NAME OF REGISTRAR

ASSISTANT MEDICAL EXAMINER

24C FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

(State)

(City, town, or county)

SIGNATURE.

EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

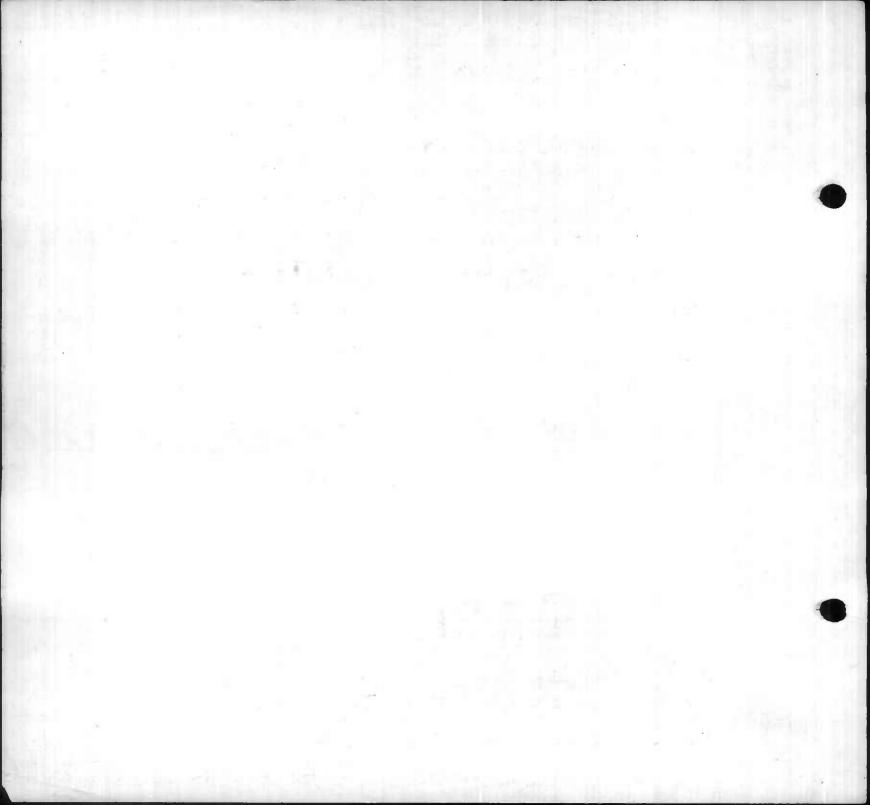
23A, BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV, 1/1/65



65 1476	BALTIMORE CITY	HEALTH DEPARTMENT		CE AAMO
BIRTH NO. 00 1470	CERTIFICA	TE OF DEATH	Registered Na	65 1476
M.E. CASE NO.	92			
1. NAME OF DECEASED (Type or Print)		2. DATE ANI	D HOUR OF DEATH	- 14 15 10
HNNIE NChs	ON	reb.	4, 1963	S LIO N, M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUNT	e decéased lived. If inst TY	itution: residence before odmission)
SHILL MAKE OF US and in bounded as inchibution a		Manile	mad	~
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location)	ive sheet	C. CITY OR TOWN (F outs	side city limits, write RL	JRAL and give township)
INSTITUTION		12.50	1	
11 12.6 11 2.11	40 01		ore location)	0 0/
Home - 1208 Mc Cubb	110 01.	10.0	0 111	04
		1208 Mc	COPPIN	<u>C1.</u>
	NEVER MARRIED DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	dowed	April 1, 1892	72	
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (Stote or foreig	n country)	112, CITIZEN OF
one during most of working life, even if retired)	1	0 14	mi	WHAT COUNTRY?
Housewife 1	I sue	BALTO.	ria	N.5. T.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	
T1. 0. 1	LI C	P'+		
Otho Leph	A 2	NIAN	~	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1) 1		Bonton	1 Auchan	SAMO
118. 2/ 8 0	CAUSE O	E DEATH	1174	INTERVAL BETWEEN
420,1	CAUSE O	, DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Burney Sk	20	enreine De
(This does not mean the mode of dying, e.g.,	(A) DUE TO	County VI	omes	Orrace Co
heart failure, asthenio, etc. It means the disease,	006 10			
injury or complication which caused death.)		18 1 . San 10		
ANTECEDENT CAUSES	(B)	1 y porceri	-6~	
DISEASES OR CONDITIONS, if any, giving	006 10	01.0	0	
rise to the above couse (A) stoting the	(C) (erekele of C	10,00	
UNDERLYING CONDITION last.		0	(/	
II A Sala				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	;	1 1		
TO THE DEATH BUT NOT RELATED TO THE		Conclete		
	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INTHOVICE	n or obout 21 C. WHERE DID	(If in Rollimere	City, give exact location)
OR CONTRIBUTING CAUSE OF home	e, form, foclory, street, o	ffice bldg., INJURY OCCUR?	tit in boinmore	Sing, give exoct toconom
DEATH (notify medical examiner)				
	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	le At Not Whit			
World World	k L At Work		/	
22. I certify that (I) (this hospital) attended th	e deceased fram	1/25	965 to 2/6	16 5 19
that (1) (we) last saw the deceased alive an	241/55	Mand the	it in (my) (our) both	ian death accurred an the date
	J. 7. 7. 7		,, (out) opti	The second of the duty
and haur and from the causes stated above. (1)	(We) (did) (did not) v	view the bady after death.		
23A, SIGNATURE				23B. DATE SIGNED
Alles of Televis	M.D. Atte	ending Med.	Stoff Phys.	240765
23C.PHYSICIAN'S		23D. ADDRESS	,	
NAME (Type)	1 5 60	63	con mi	ALTIO DOMENAN
DI ALBOFAT L. LATO	M.D.	822N BOND	31 000	TO MOOS FOLD
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or CR	EMATORY 24D. LC	CATION (City	, town, or county) (State)
REMOVAE (Specify)	No IN	0, 1	1. 67	201
130riAL 1-8-63 1	LDA I A I	1814, TALK	Merias	, ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR	1.0	ADDRESS
FFB 9 1965 R. Doubt	E. Farber M.A	C.O. h	lilan i	an Brownow In
VS 150-REV. 1/1/65			70.00	Sale Dilland



23C. NAME OF CEMETERY OF CREMATORY

REGISTRAR

24B. NAME OF

23D. LOCATION

24C. FUNERAL DIRECTOR

23A, BURIAL CREMATION,

REMOVAL (Specify)

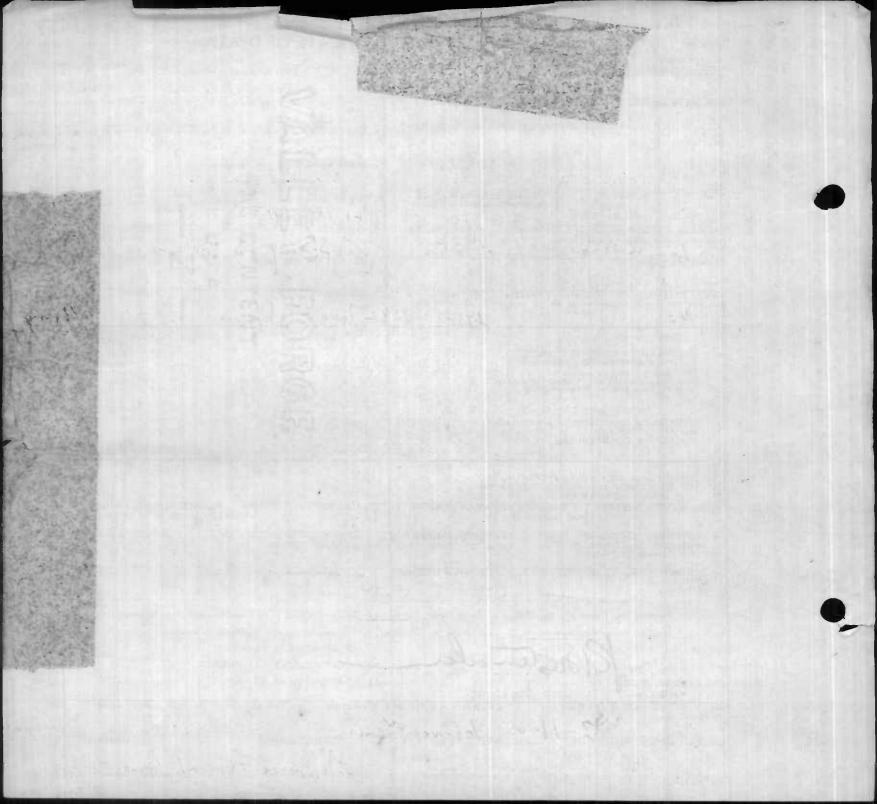
VS 151-REV. 1/1/65

23B, DATE

(State)

(City, lown, or county)

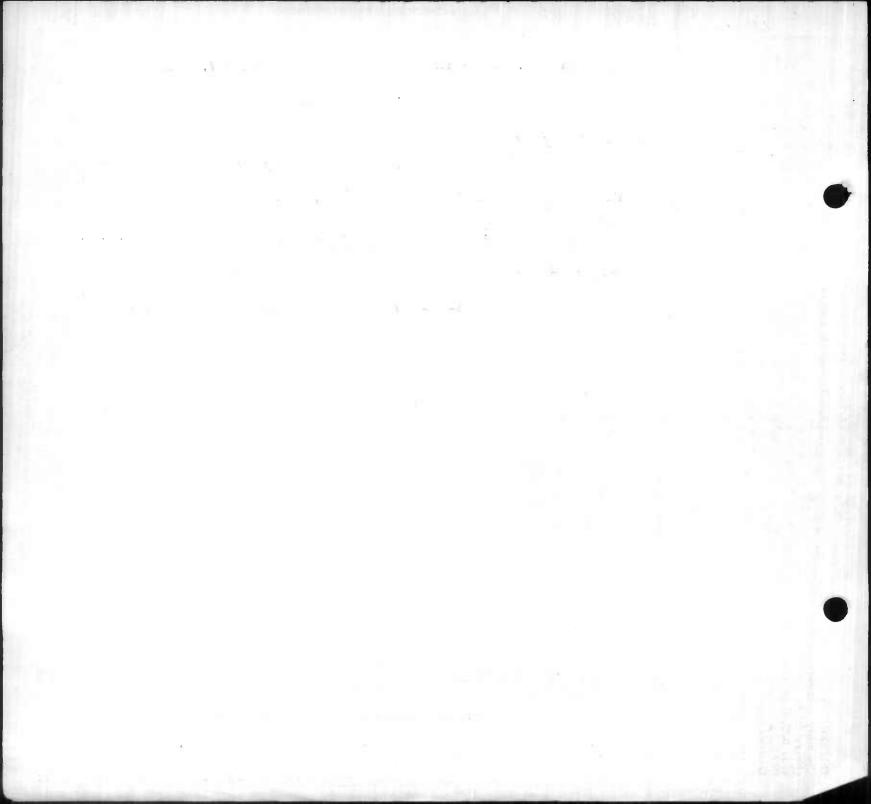
ADDRESS



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body wos released to the hospital by a medicol examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceosed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to deoth); and (6) No physician wos in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 1	ATTR		BALTIMORE CITY	HEALTH DEPARTMENT		65 1478		
BIRTH NO.	470		CERTIFICA	TE OF DEATH	Registered No.	. 00 1970		
M.E. CASE NO.	SED				AND HOUS OF DEATH			
(Type or Print)		B. Cle	emmitt	February 7, 1965				
3. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution: residence before admission)		
FULL NAME OF HOSPITAL OR (NSTITUTION	(If nat in haspital address or location		rive street	Maryland	autside city limits, write	RURAL ond give township)		
	5308 Wesley	Avenue	е	Baltimore D. STREET ADDRESS	(If rural, give location)			
				5308 Wesley				
Female	RACE White	WIDOWED	NEVER MARRIED DIVORCED (specify) Arried	July 26, 1906	9. AGE (In years lost birthday) 58	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.		
done during most of wa	ATION (Give kind of wark rking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?		
Clerk		Banki	ing	Baltimore		U.S.A.		
13. FATHER'S NAME	August B	rman		14. MOTHER'S MAIDEN N	Bauman			
15. Wos Deceosed E	ver in U. S. Armed For If yes, give war ar date		16. SOCIAL	17. INFORMANT	Dadiiaii	ADDRESS		
No	If yes, give war ar date	s of service)	216-05-2578	Paul Clemmit	t 5308 Wesl	ev Avenue		
1B. /	9 1		CAUSE O		70 0000 11 001	INTERVAL BETWEEN		
	OR CONDITION DI	RECTLY				ONSET AND DEATH		
	EADING TO DEATH	dvina e a	(A) DUE TO	user colo	re of	ymor		
heort failure, a:	sthenio, etc. It meons licotion which coused	the disease,	to	re colo				
AA	NTECEDENT CAUSES		(B)					
	CONDITIONS, if obave couse (A)							
UNDERLYING	CONDITION lost.							
≥ TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA	TED TO THE	3	Line and Table				
19A. DATE OF C		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
I U 21 A. ACCIDENT	WAS UNDERLYING DING CAUSE OF	21 B. hametc.)	e, form, factory, street, at	fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)		
OF INJURY	Manth) (Doy) (Year)		INJURY OCCURRED le At Not White	21F. HOW DID II	NJURY OCCUR?	- 1 - XX 164 115		
(APPROX)		Wor	k					
22. I certify th	hot (1) (this hospito) ottended th	ne deceosed from	3/30	195 10	1965		
thot (1) (we) I	ost sow the decease	d olive on	2/5	19 65 ond	that In(my) (our) op	olnion deoth occurred on the dote		
		ied above. (1)) (We) (did) (did not) v	riew the body ofter death	h.	LOOP TRAVE CLOSUETS		
23A. SIGNATURI	- 2) 1	in	M.D. Atte	ending Med.	Stoff	23 B. DATE, SIGNED		
23C. PHYSICIAN			Phy	s. Director 23D. ADDRESS	Phys.	2/8/63		
NAME (Typ			M.D.	Miles				
24A. BURIAL CREM REMOVAL (Sp.	ecify)		ME of CEMETERY OF CR		LOCATION	City, tawn, or county) (State)		
Burial	2/10/6		oodlawn Cen	netery	Baltimore,			
25A. DATE REC'D B	EB 9 1965	25B. NAME O	F REGISTRAR	Ellsworth	Armaca X	ADDRESS		
V\$ 150-REV. 1/1/65		Wolsen	C. Touben, we	Ellsworth A	rmacost 460	00 Liberty Heights		



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

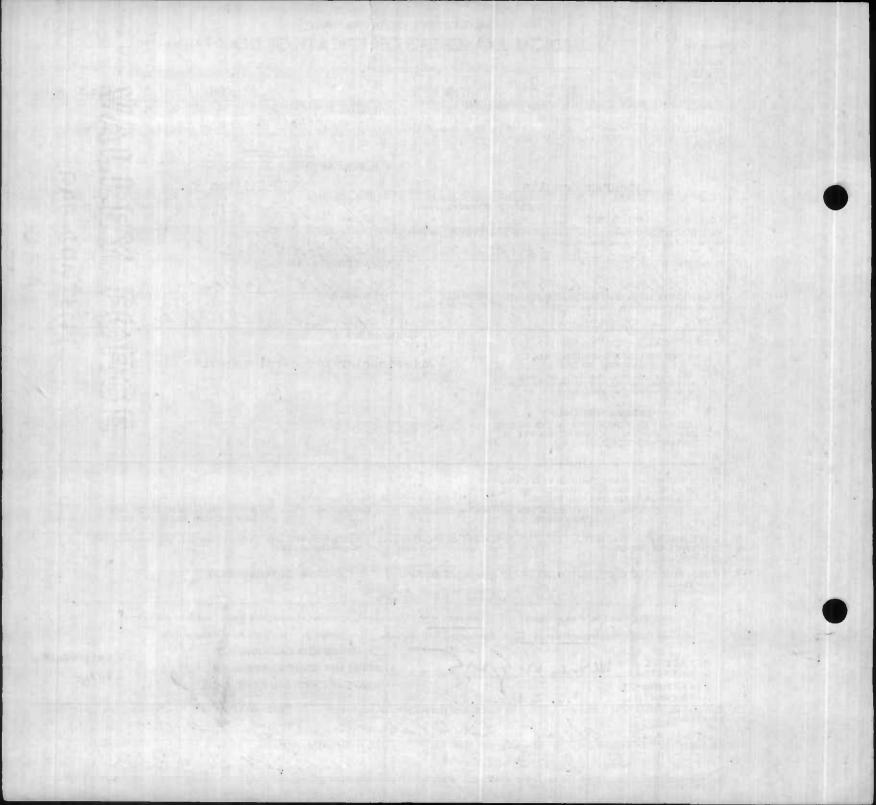
	CE AAMO	BALTIMORE CITY	HEALTH DEPARTMENT		0.25
	TH NO. 65 1479	CERTIFICA	TE OF DEATH	Registered No	65 1479
1, N	Pose (1)	1 Drocel		HOUR OF DEATH	
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If ins	titution; residence before admission)
ŀ	FULL NAME OF (II not in hospital or institution) NSTITUTION (II not in hospital or institution)	ion, give street	c. CITY OR TOWN JIF out	iside city limits, write RI	URAL ond give township)
	3902 Milford	Ave	D. STREET ADDRESS (IF	rural, give location)	Ave
5. S		NED, NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
0011	TAILORING		German	71	4.50
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ЙE	
15. 1	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	awn	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	To 1 11 M	11-10 29	as M. I.E. I. A.
	1B. 21. 22.	CAUSE O	F DEATH	LLEY -3/	INTÉRVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		arteriocher	otic eVD.	Clauses
	(This does not mean the made at dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)				Jan San San San San San San San San San S
	ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	DISEASES OR CONDITIONS, if ony, given ise to the above cause (A) stating	ving			
	UNDERLYING CONDITION last.	(67			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	C	and the same of th	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location).
MEDIO	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work		URY OCCUR?	3
	22. I certify that (I) (this hospital) attended	ed the deceased from	about 1958	19to	ret: 6 1965.
	that (I) (sue) last sow the deceased alive	Sout 2 de	5-19 65 and the	,	ion death accurred on the date
	and hour and from the causes stated abov	e. (I) (We) (did) (d id no r) v			
	23A. SIGNATURE & High	tem mp. M.D. Atten	ending Med. Director	Stolf Phys.	23B. DATE SIGNED 2 - 8 -6J
	23C. PHYSICIAN'S NAME (Type) G. HIGH.	STEIN MD. M.D.	23D. ADDRESS	andow De	Bolto 1 Mod.
24A	N. BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF CRI	1.0 1	Balton (City	y, fown, or county) (Stote)
25A	FEB 9 1965 0 6	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	h I	ADDRESS
VS	150-REV. 1/1/65	E. Salley M.D.	6. Elsunth	Amacet &	16 to Literry South
					V (/

A Higherton no FEEL London G. 1. . .

вітн но. 65 1480

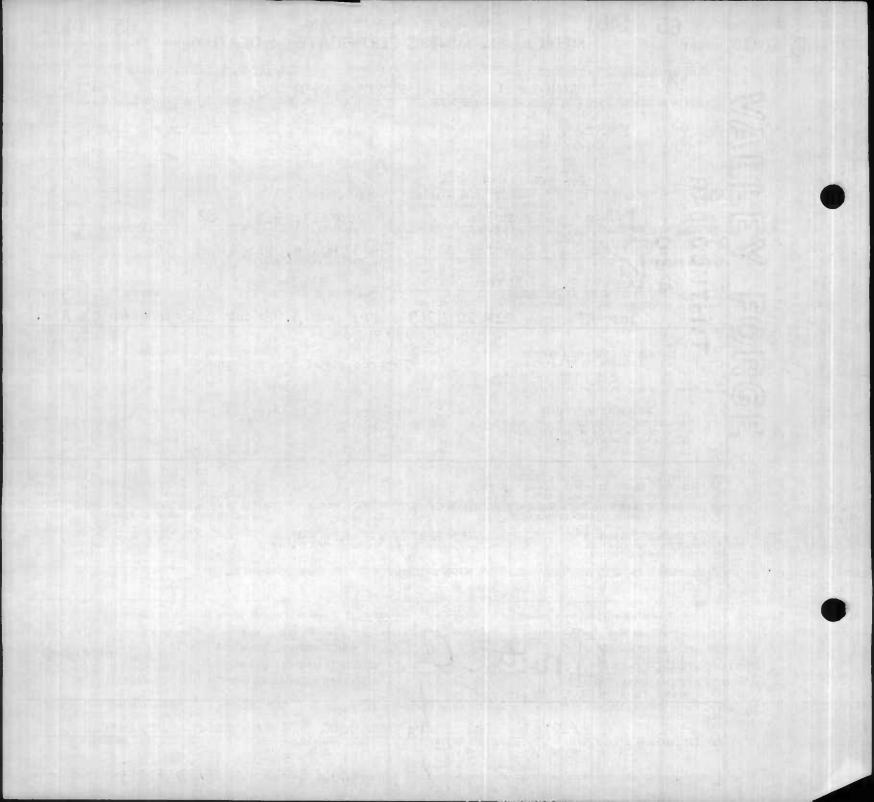
MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	Registered Na.
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M.E. CASE NO.							
1. NAME OF DE	CEASED				2. DATE AND HOUR PRO	NOUNCED DEAD	
	ALF	RED	BRIM		2/4/65 11:00 a. M		
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	A. STATE	ence (Where deceased livery)	ed. If institution: res B. COUNTY	idence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU (ATION)	JTION, GIVE STREET	C. CITY OR TO	WN (If outside corporote li Baltimore) (RESS (If rurol, give locotor	-41	ond give township)
	Lutheran Hos	pital			2930 Clifton	SE. AYC	1
5. SEX male	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE	(in years if Unde	er 1 Yr. If Under 24 Hrs.
TOA. USUAL OCC	UPATION (Give kind of we working life, even if retired DISABLED		BUSINESS OR INDUSTI		(State or foreign country) FRU N.C. ALAIDEN NAME FRU RUIS		ZEN OF AT COUNTRY?
15. WAS DECEASE		D FORCES?	16. SOCIAL	17. INFORMANT		ADDRES	SS
(Yes, no or unknown	(If yes, give wor or do	tes of service)	SECURITY NO.	W//	BR.M 1727	7 R	a st
483	was			104/2.1	IRIM //d/	TOAKEL	-16/
IB.	I CONDITION	NACTIV	CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(This does	SE OR CONDITION I LEADING TO DEAT not meen the mode a, ostherio, etc. It mee	H of dying e.g.,	Arter:	ioscleroti	c cardiovascul	ar diseas	8
injury or co	emplication which couse	d deoth.)					
DISEASES RISE TO TH	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING	(B)DUE TO				
Z			(C)				
O THE	II SNIFICANT CONDITION DEATH BUT NOT BOOK CONDITION CAUSIN	ELATED TO T					
19A. DATE O	F OPERATION 198, CC		WHICH OPERATION	no	(? (Yes or No) 20B. IF YES, IN CERTIFY	WERE FINDINGS NG CAUSES OF D	
OUNDERLYING	OR CONTRIB-	218. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. office bldg., INJUR	WHERE DID (If in Boltimor Y OCCUR?	e City, give exoct	location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		VHILE AT NOT	WHILE WORK	OW DID INJURY OCCUR		
22. 1 cer	rtify that I held an	Inquiry 🗌	Inspection X A	utapsy an	d that an this basis, de	eath in my apinio	an
resu	Ited fram: Natural c	auses X A	Accident Suici		ide Undetermin	ed manner 🗌	
ACTUA SIGNAT	TURE Were	n. 4	2 M.I	. ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
EXAMII NAME ((Type) ₩. U	. Spitz.			MEDICAL EXAMINER		2/5/65
23A. BURIAL CRE REMOVAL (Specif	B 3/91	15	Batts Mall	mal	Back	Million, or	./
FEB 9	1965 Pole	& E. Fo	OF REGISTRAR	120	Sul Plat	yu 638	NGILMI
VS 151-REV. 1/1.	/65						



13.260	65 1481 BALTIMORE CITY HEALTH DEPARTMENT 65 1481 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.						
	M.E. CASE NO.						
	1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Type or Print)						
	WILLIAM RAKKU WILLIAM UPNOV DAVEDKOPRHARY 6 1965 . XIII 2						
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decosed lived. If institution: residence before odmission) A. STATE B. COUNTY						
	A. STATE Maryland						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
THE RESERVE TO SHAPE TO SHAPE	NOITUTION						
./2	Baltimore 25-01						
40	D. STREET ADDRESS (If rural, give location)						
	St. Agnes Hospital 5159 Frederick Avenue						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.						
	male White Married June 13, 1912 52 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
	(IOA. USUAL COUNTRY?) WHAT COUNTRY?						
	Paper Cutter Printer Shop Baltimore, Maryland USA						
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	William T. Baker Viola Hartlove						
	I Departs						
	Yes, no or unknown/lif yes, give wor or dotes of service) SECURITY NO.						
	Yes War #2 212 10 3763 Mrs Mae B. Baker 5159 Frederick Ave.						
	118. CAUSE OF DEATH INTERVAL BETWEEN						
	ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Intracerebral hemorrhage						
	(This does not mean the mode of dying e.g.,						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECENDENT CAUSES Hypertensive cardiovascular disease						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	(C)						
	OF II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE						
	S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DECANTION CATCON TO THE						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
	O WAS PERFORMED IN CERTIFIED CAUSES OF DEATH:						
	Yes Yes ✓ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)						
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Dome, form, foctory, street, office bidg., INJURY OCCUR?						
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK						
	22.						
	resulted from: Natural causes X Accident Suicide Homicide Undetermined monner						
	CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 2-7-65						
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER						
	NAME (Type) Rudiger Breitenecker						
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)						
	REMOVAL (Specify)						
	Burial 2/10/65 Baltimore National Baltimore Maryland						
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS						
	FEB 9 1965 Relate L. Falland HENRY SANDER & SONS INC.						
	PALTIMORE VARVIAND 21213						

VS 151-REV. 1/1/65



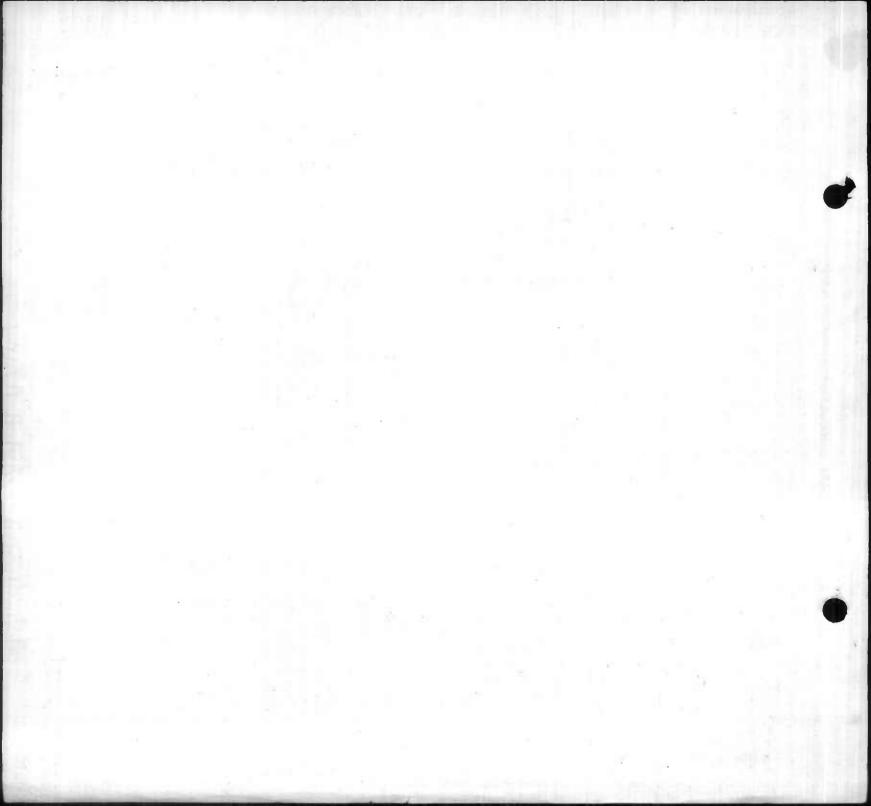
		BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO. 65 1482	CERTIFICA	TE OF DEATH	Registered No	65 1482
	T. NAME OF DECEASED	y maci	4. USWAL RESIDENCE	AND HOUR OF DEATH 7 - 4 - 6 S Where defensed lived. If in	S / O A A
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give streef	Mary	OUNTY COUNTY CONTRACT	RURAL ond give township)
G	324 8.21	St.	D. STREET ADDRESS	(If rural, give location)	54-
	Male Col, My	WED, NEVER MARRIED WED, DIVORCED (specify)	3-28-9	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done durin mad of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 15. Was Deceased Eyer in U. S. Armed Forces? (Yes, no or unknown) by yes, give wor or doles of service.	Ma estay	14. MOTHER'S MAIDEN Salle 17. INFORMANT	march.	ley ADDRESS
	18,	CAUSE O	Hazel F DEATH	Mackey	324 E. 215
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	(AI DUE TO	your was	African	ONSET AND DEATH
	heart failure, asthenia, etc. II means the disectingury at camplication which caused death.) ANTECEDENT CAUSES		Yafra Bonner		•
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION tast.	ing // Conne	love alla	ulti-	3000 000 € € 1000 000 000 000 000 000 000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Deobeles	Mellico		
	198. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DI fice bldg., INJURY OCCUI	O (If in Boltimore)?	City, give exact location!
	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work		INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive a and hour and from the causes stated above	on 0/3/8			19 65 nion deoth occurred on the dot
	Signature Reperes	w.	nding Med.	Stoff Phys,	23B, DATE SIGNED
	DA ALDERT L LAF	DAEST M.D.	82211. BON	D ST BATT	MORE SIZUS MED
	24A. SURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CRE	MATORY 24	LOCATION (Cit	ly, fown, or county) (Stote)

DA ALDERT L LAT-OREST M.D. 82211. BOND ST BATTIMORE 21205 MLD

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)

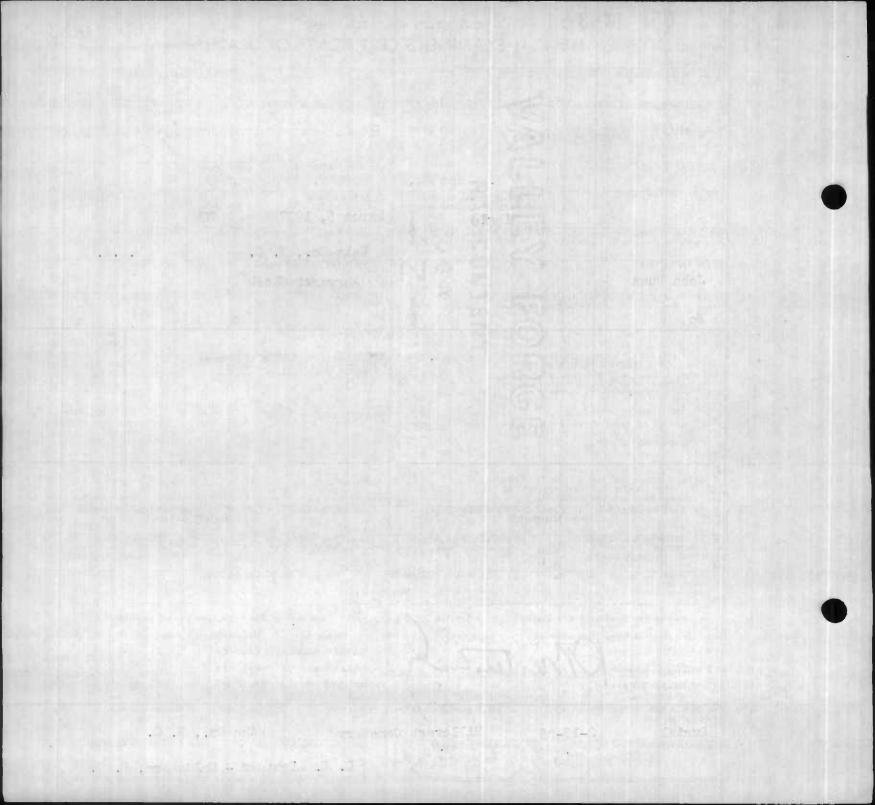
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65



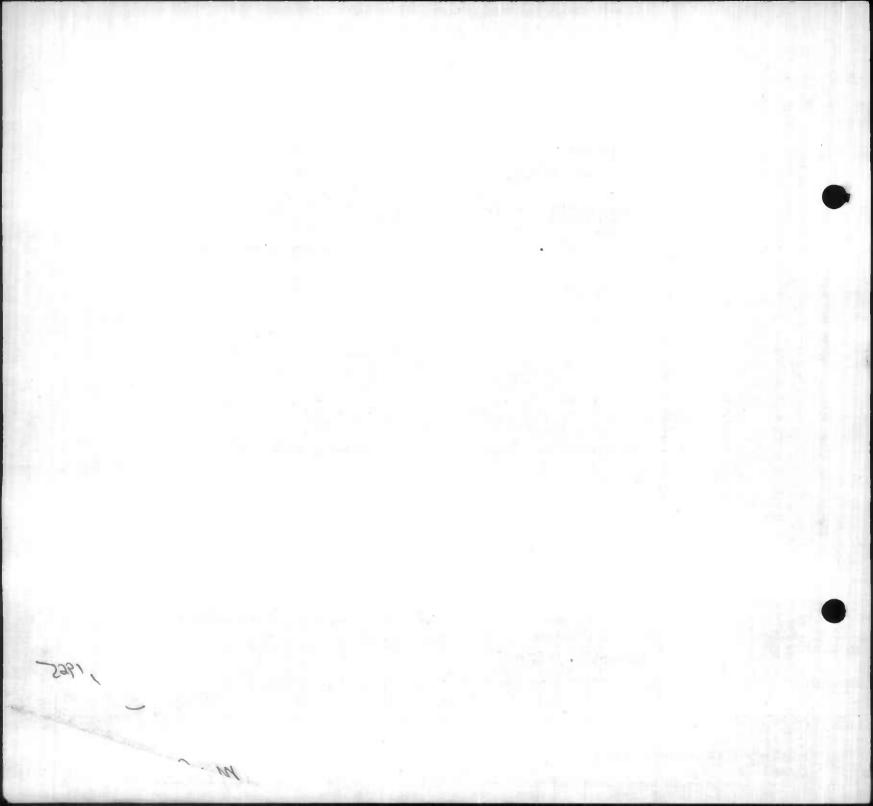
MEDICAL EVA MINIED'S CEDTIFICATE OF DEATH Paristand

M.E. CASE NO.								
1. NAME OF DEC	EASED	CONTROL SALA	DIMBI			OUR PRONOUNCE		. 20 -
3 PLACE IN RAIT	IMORE MARYLAND,	THELMA		4. USUAL RESIDENCE		y 7, 1965		:30 a. M
S. PEACE IN BALL	MORE MARIEAND,	WHERE PROPE	JONGED DEAD	A CTATE	yland	B. COU	NTY	se bolote dalli a alot
FULL NAME OF HOSPITAL OR	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	(If outside c	orporate limits, write	RUBAL ond	give to waship)
NOITUTITZMI				Ra1	Ltimore		10	/
				D. STREET ADDRESS	S (If rurol, gi			
			. Mount St.	300 N. M	Mount St			
	6. RACE	7. MARRIEI WIDO WED,	DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs ys : Hours Min.
female	colored	Sin	gle	March 5, 19		27		
	JPATION (Give kind of vorking life, even if retire		OF BUSINESS OR INDUST			ountry)		COUNTRY?
3. FATHER'S NAM				Wake Co.,	N. C.		U.S.	A.
John Du				Margaret				
	D EVER IN U.S. ARM	LED FORCES?	16, SO CIAL	17. INFORMANT	Oneek		ADDRESS	
(Yes, no or unknown)	(If yes, give wor or		SECURITY NO.					
No							LIN	TERLIAL RETURES.
1 B.	101		CAUS	SE OF DEATH				TERVAL BETWEEN NSET AND DEATH
DISEAS	E OR CONDITION						9 7	
(This door o	LEADING TO DEA			nchopneumoni	la, seve	ere		
he ort foilure,	not mean the mode osthenio, etc. It me application which cous	ons the discose	DUE TO					
Injuly of cor	inpireditoti willen cous	eu deom.,						
A	NTECENDENT CAL	USES	(B) Fat	ty metamorph	nosis of	liver		
	OR CONDITIONS, I E ABOVE CAUSE (A		DUE TO	5				
UNDERLYIN	IG CONDITION LA		(C)					
<u>Ó</u>	11		(0)					
OTHER SIGI	VIFICANT CONDITIO							
	DEATH BUT NOT R CONDITION CAUS		THE			******		0000 0000000000000000000000000000000000
TIPA. DATE OF		ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Y	fes or No) 20	B. IF YES, WERE FIN	DINGS CON	SIDERED
2				Yes		CERTIFYING CAUS		
UNDERLYING	OR CONTRIB-	hor	ne, form, foctory, street,	office bldg., INJURY O	ERE DID (If I	n Boltimore City, giv	re exoct locot	ion)
O UTING CAU	SE OF DEATH.	etc	.)					
21 D TIME OF INJURY	(Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
(APPROX.)		m.	WHILE AT NOT	WHILE				
22.	rify that I held on			6 -7	has an shir !	bosis, death in m	u eninten	RETURNED.
-			_ /.					
resul	ted from: Natural	Couses	Accident Suici			determined manne	er []	
ACTUAL	- K-/V	So I	1/45	CHIEF MED				DATE SIGNED
SIGNAT		ous a	M.	D. ASSISTANT MED				2-7-65
HAME (r Breite	necker /	ASSOCIATE MED	DICAL EXA	MINER		V
23A. BURIAL CREA	MATION, 238, DATE		23C. NAME of CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	town, or cour	nty) (Stote)
REMOVAL (Specify Burial		65	Hillcrest C	emot em	Wel	ce Co., N.	C	
	2-13. BY HEALTH DEPT.		E OF REGISTRAR	24C. FUNERAL				DRESS
	EB 9 196	mer LA	Pr E. Farley M.A			0.711		0
		- APOST	4	E. E. I	agntner	- Goldsbo	pro, N.	U.

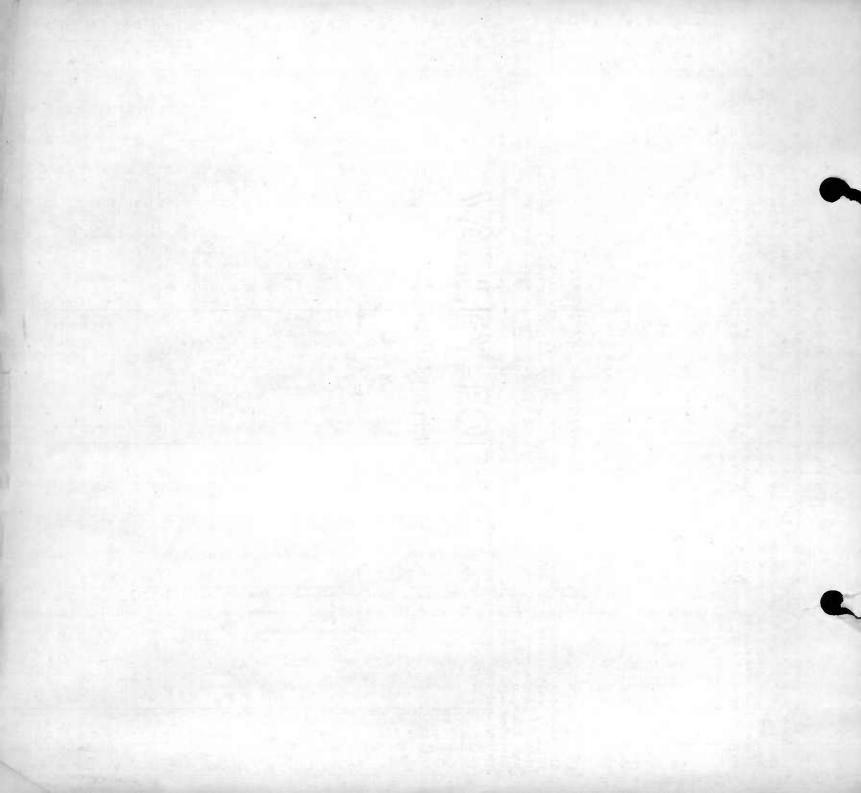


FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if death

BALTIMORE CITY HEALTH DEPARTMENT 1484 6.5 Registered Na. 65 CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) IDA MARGARET CARNEY 400 uo hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance A. STATE (2) MD cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation (If outside city limits, write RURAL and give township) cause; attend 0 UNIVERSITY HOSPITAL 0 .5 prior BALTO, 1 contributing (If wool, give lacotion) occurred BELMAR etermined regular is mad 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 His. deceased Hours WIDOWED, DIVORCED (specify) last birthday) WIDOWEL IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = 1) SA (4) Und HOUSEWIFE Was 13. FATHER'S NAME the 14. MOTHERS MAIDEN NAME direct MARGARET CUBNER JOHN HALLE eath uo kind; 15. Was Deceased Ever in U. S. Armed Faices? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. attendance O Belmar any pronounced CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., SEPTI CEMIA heart foilure, astherio, etc. It means the disease. regular aminer. injury or complication which caused deoth,) ENTENSIVE CALDIO-VAGE. ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the = physician UNDERLYING CONDITION lost, before the remains medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. ALITOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) where the hospital å MEDICAL DEATH (natify medical exomine) etc.) nature; obtained 21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) Wark At Wark and any 22. I certify that (I) (this haspital) attended the deceased fram ... 1965 10 • 0 -63 G 19.6 and that in (my) (aur) apinion death accurred an the date that (1) (we) last saw the deceased alive an_ of death) hospital and haur and fram the causes stated above. (I)(We)((dld) (dld nat) view the body after death. m USt release 23A. SIGNATURE 23B. DATE SIGNED must accide GAI -M.D. Attending Phys. Med. Stoff Phy s. X prior to approval Director 8 23D. ADDRESS 23C. PHYSICIAN'S cortificate Was to NAME (Type) An M.D. 24A. BURIAL CREMATION, 24B. DATE deceased 24D, LOCATION D.0 the body REMOVAL (Specify) written shows: Was 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS FEB VS 150-REV. 1/1/65

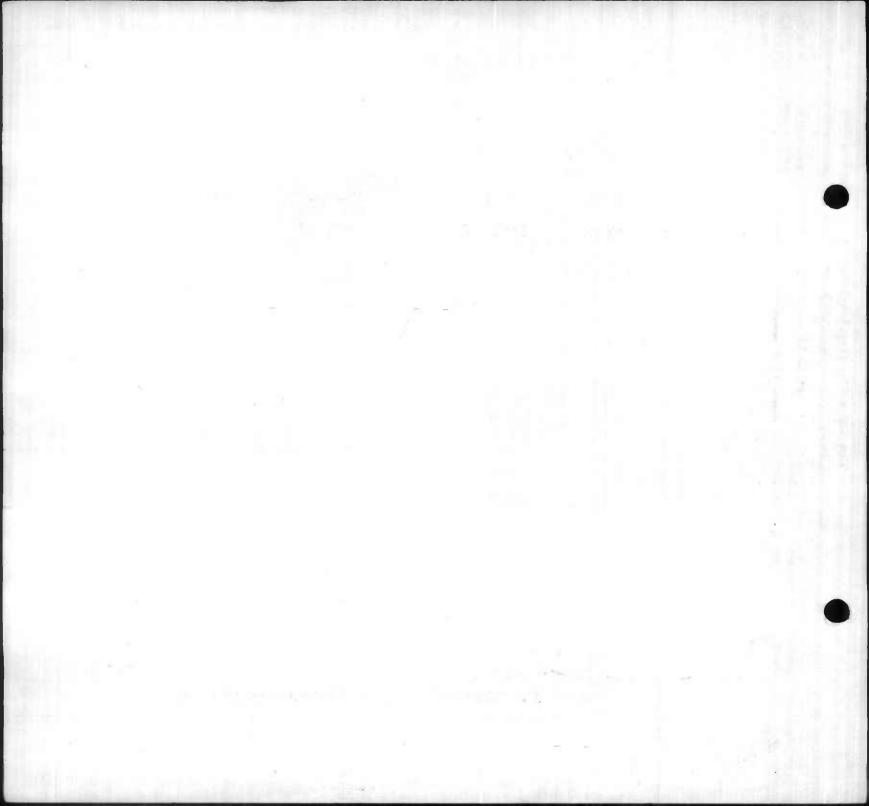


	a A A O E	BALTIMORE CITY	HEALTH DEPARTMENT		05 4405
BIRTH	00	CERTIFICA	TE OF DEATH	Registered No.	65 1485
	ME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	or Print) TRESTHA	CHAPMAN	2 -	-7-65	12:204.
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	Ommer of the	4. USUAL RESIDENCE (Where	e deceased lived. If insti	tution; residence before admission
			A. STATE B. COUN	TY /	401
FU Ho	ILL NAME OF (If not in hospital or institution) SPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN (If out:	side city limits, write RU	
IN	STITUTION			WRE	KAL ond give township)
	PROVIDENT HOS	PITAL		urol, give location)	
	1/101/02/7/ //03/	P110-		AURENS	ST
5. SE	X 6. RACE 7. MAR	RIED, NEVER MARRIED			If Under 1 Ye If Under 24 Hrs
5. 5.		OWED, DIVORCED (spegify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Month's Doys Hours Min.
103 1	JSUAL OCCUPATION (Give kind of work) 10 B, KIN	D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foroig	3/	12, CITIZEN OF
	during most of working life even if retired)		0	gn country)	WHAT COUNTRY?
-	CLERK SUC	IAL SECURITY	SPARROWS POI	WI, Md	U. S. A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Thomas Milchell		BERRA 1h	ORNION	
15. W	os Decoosod Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yos,	no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Mas 111 -	11 1 2	11/2 57
	No	218-10-6654		JOHNSON-3	04 KAURENS SI
1	B. 138.0 1	CAUSE O	E DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	T	ENAL Ins	. 60	
	LEADING TO DEATH	(A) /	C1715 1 1/13	ufflerency	,
	This daes not mean the mode of dying, heart failure, asthenio, etc. It means the disc		./	11///	
i	njury or complication which coused death.)	(,0	NGESTIVE / FEAR	T TAILARE	
	ANTECEDENT CAUSES	DUE TO		7 7777	
	DISEASES OR CONDITIONS, if ony, gi		AR COMOSIS		
	ise to the obove cause (A) stoling UNDERLYING CONDITION last.	The (C)	44. com0211		
Z	II OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING			
Ξ	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
0 1	9A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		IDINGS CONSIDERED
ERTIFI	WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
Q 2	TA. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore (City, give exact location)
Z [DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	homo, form, foctory, street, o	mice oldg., INJURY OCCUR?		
0	1D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
N C	OF INJURY	While At Not While		ALI OCCUR:	
	APPROX.)	Work At Work			
2	2. I certify that (I) (this hospital) attend	led the deceased fram	1-26_1	9 GJ to 2	7 1965
1	hat (I) (we) last saw the deceased alive	on 2-7	6,		an death accurred on the da
	and haur and from the causes stated above 3A. SIGNATURE)	new the body offer death.	10	3B, DATE SIGNED
	11-14-1 /W	A AAD AH	ending Med.	Stoff	7. 7.
	Tulbert & Ma	after Phy	s. Director	Phys.	2 - / - (-)
2	3C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		2
				7. 7-13	
	11:11 1 8 1 1	Field M.D.	フィーフ	no still	on use,
	BURIAL CREMATION, 1248, DATE, 124	FIELD M.D.			town, or county) (Stote)
	BURIAL CREMATION, 248. DATE, 24.	C. NAME of CEMETERY OF CR			
7	BURIAL CREMATION, 248. DATE, 248.	NEW CATHEDRA	L CEM. BA	DICATION (City,	
7	BURIAL CREMATION, 248. DATE, 248.	NEW CATHEDRA	L CEM. BA	LTIMORE,	MARYLAND
25A.	BURIAL CREMATION, 248. DATE, 248.	C. NAME of CEMETERY OF CR	L CEM. BA	LTIMORE,	

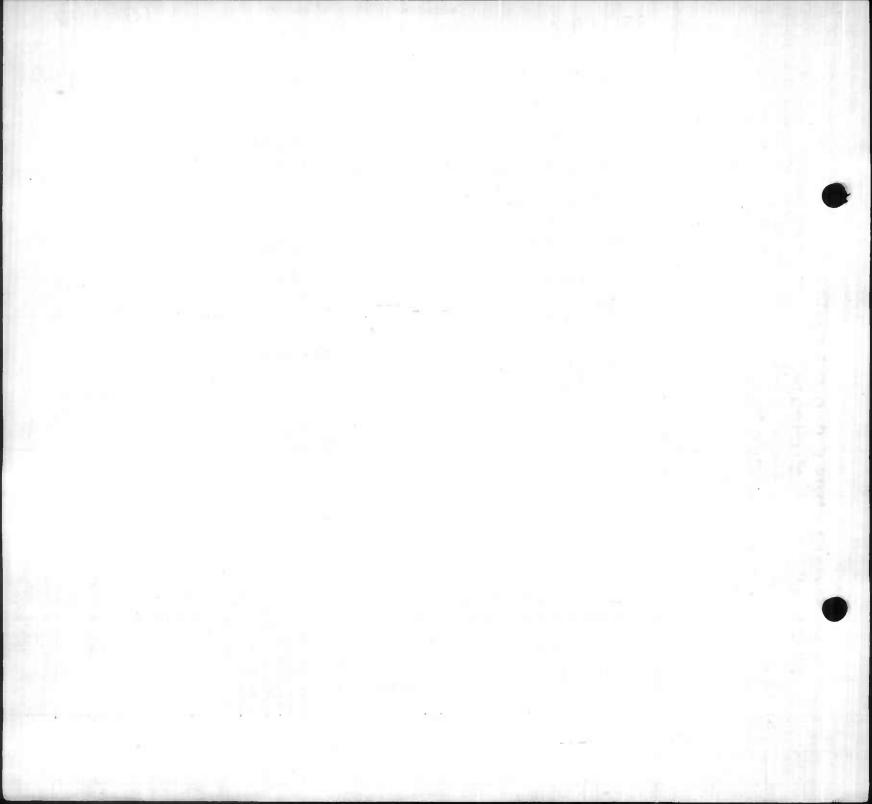


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMENT		05 1100
BIRTH N		5 1486		CERTIFICA	TE OF DEATH	Registered No.	65 1486
	ASE NO. E OF DECE r Print)	JOSEPH WI	LLIAMS	GIBBS		ND HOUR OF DEATH	12.02 A
B. PLA	CE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	Bie deceosed lived. If ins	titution: residence before odmission
HOS	NAME OF	(If not in hospital oddress or lacotion		give street	MARYLAND	20	3 -0/
INST	ITUTION					CITY	ourse one give lownship?
T	HE JO	HNS HOPKIN	S HOSP	ITAL	D. STREET ADDRESS (1)	rurol, give locotion)	
S. SEX		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MA		NEGRO	MAR	RIED (specify)	12-27-99	lost birthdoys	Months Doys Hours Min.
lone du	ring most of w	PATION (Give kind of work rorking life, even if retired) hucker	Seaf		Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
	HER'S NAM				14. MOTHER'S MAIDEN NA	ME	
C	TEVE	WILLIAMS			JULIA PRIC	E	
5. Was	Deceased	Ever in U. S. Anned For	ces?	1 6. SOCIAL	17. INFORMANT	<i>,</i> =	ADDRESS
res, no	oi unknown)	(If yes, give wor or dote	s of servicel		Mary Gibbs-9	H Leadenh	all Street
1B.	33	1.81		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIF LEADING TO DEATH	RECTLY	Δ	spiration Pne	ามพอกร์ ค	1 day
		al mean the made of		DUE TO	SPITOS OF TOTAL TITLE	4 443	
		aslhenia, etc. II means plicatian which caused		B	ilateral cere	bral vascu	lar 2 weeks
	A	NTECEDENT CAUSES		(B)	accidents		
		R CONDITIONS, if		551.10			
		abave cause (A) CONDITION last.	slaling lhe	(C)			
	HER SIGNIE	II FICANT CONDITIONS C	ONTRIBUTING	<u> </u>			
ATI	SEASE OR	ATH BUT NOT RELA	T.				
ERTIF		OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	YES	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
U 21 A	CONTRIBU	TING CAUSE OF medical examines	21 B. hom etc.)	e, form, foctory, street, of	o o obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
O 21 E		(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	PPROX.)		Whi	ile At Not While			
22	Logatific	that (1) (this hospital			2-3-65	19 to 2	-6-65 19
				2-7-65 at		. 17	
					iew the body ofter death.		nion death occurred on the do
23A	. SIGNATU	PE C	0				23B. DATE SIGNED
	. 1		Know	M.D. Atte	ending Med. Director	Stoff XXX	2-7-65
230	NAME (Ty	Steve	L. Joi		23D. ADDRESS	pkins Hosp	ital
		AATION, 24B. DATE	24C. NA	AME of CEMETERY OF CRI	MATORY 24D.	LOCATION (Cit	y, town, or county) (State)
RI	EMOVAL (S	pecify)				altimore C:	
	rial ATE REC'D	2-I2-6 BY HEALTH DEPT.		ount Auburn.	loco rillatenat piaceno		On ADDRESS
		FR 8 1965	Polest	E. Jankey M.A.	Isaiah L.E	rown and	montgomery 1
VS 150-	-REV. 1/1/6	.5					0 1



VS 150-REV. 1/1/65



IMPORTANT DIRECTOR: FUNERAL

Such death occurred in a hospital and(t or contributing cause of death Undetermined cause; (5) Deceased LO death. ance attend 10 prior is made. regular deceased disposition = Was the direct 4 assistant if eath LO kind; or final attendance 0 any pronounced or his Also, med of fracture embal the chief medical examiner regular examiner. who are 4 3 = physician the remains Was medical burns; physician Body the 8 before by (2) where the hospital 0 nature; Ž by obtained 9 approved (except and any 0 eath) of hospital the body was released must accident certificate must ŏ 0 written approval 0 prior to An D.O.A. eceased shows: Mas T

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Ollie Price 5:00 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) 4. USUAL B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21217 1139 N. Stricker Street 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys tost birthdoy) Hours 1-7-1881 83 Female Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA None Virginia 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME James Price 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Severe dehydration & Malnutrition (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,) (B) Enteritis of undetermined etiology ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the above couse (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Generalized arteriosclerosis DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22, I certify that (1) (this hospital) attended the deceased from 2-1-65 that (1) (we) lost saw the deceased alive on_ 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE 23B, DATE SIGNED Attending Phys. 2-1-65 M.D. Med. Stoff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1514 Hollis Seunarine Division Street 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 08 VS 150-REV. 1/1/65



3. PL	ACE IN BALTIMORE, MARYLAND, WH	RL PRICE HERE PRONOUNCED DEAD	I II SU AL DECEDI	February 8, 196	
FULL HOSF IN STI	NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA		HA HICHAL BECID	redituary o, 100	5 4:44 P
HOSI	PITAL OR ADDRESS OR LOCA		A. STATE	ENCE (Where decoased lived. If ins	stitution: residence before admissio
5 66		L OR INSTITUTION, GIVE STREET TION)	Maryla c. city or tow	and VN (If outsido corporate limits, writ	
S CE	SOUTH BALTIMON	RE GENERAL HOSPITAL		nore (ESS (If rural, give location) Lanvale Street	
M	lale Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Single	B. DATE OF BIRTH	1922 9. AGE (In years lost birthday) 42	Months Days Hours Min
done	JSUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. F/	THER'S NAME		14. MOTHER'S MA	AIDEN NAME	1 4 7.11
	Bonnie Price		274b-	Ala Manadaka	
	AS DECEASED EVER IN U.S. ARMED		17. INFORMANT	eth Morritt	ADDRESS
Yos,	na arunknown) (If yes, give war ar dates	of service) SECURITY NO.	Fligsbot	th Merritt Phillip	
71	UNK	CALLS	E OF DEATH	on Merrice thriftip	s soouth Hill, V
	DISEASE OR CONDITION DIR	ECTLY		ic en d hypertensiv	ONSET AND DEAT
	(This doos not mean the made of heart failure, asthenia, etc. It means injury ar complication which coused d	the discaso, DUE TO		ılar disease	
	ANTECENDENT CAUSE: DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING (B)			
ATION		(0)			
ERTIFICAT	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE			
CERI	9A, DATE OF OPERATION 19B, CONI WAS PERF		Ye	(Yes of No) 20B. IF YES, WERE FIN CERTIFYING CAL	JSES OF DEATH?
UL	TA, EXTERNAL CAUSE WAS INDERLYING OR CONTRIB- ITING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., homo, form, foctory, street, etc.)	in or about 21 C. W affice bldg., INJURY	HERE DID (If in Boltimore City, (OCCUR?	give exact location)

resulted from: Natural causes X

Accident ___

Suicide ...

Homicide ___ Undetermined monner

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER &

DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S NAME (Type)

ASSOCIATE MEDICAL EXAMINER

2-9-65

John E. Adams, M.D.
23C. NAME OF CEMETERY OF CREMATORY 23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)

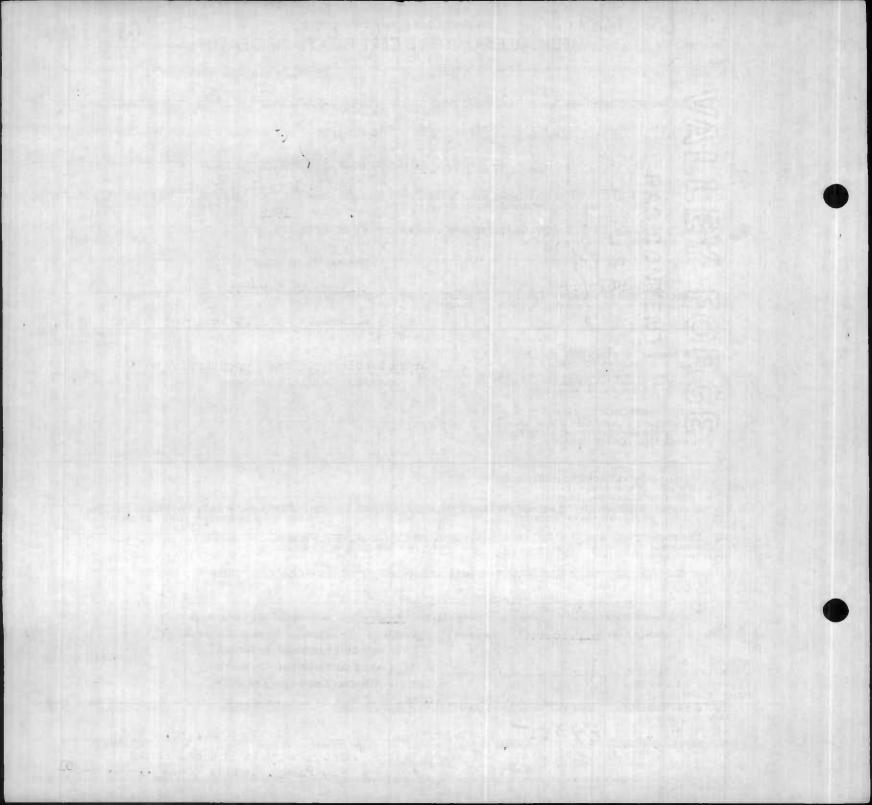
23D. LOCATION

(City, town, or county)

South Hill, Va.

24C. FUNERAL DIRECTOR
Morton & Dyett Funeral Homes
916 Penna. Avenue Balto., Md. 21201

VS 151-REV. 1/1/65



Burial 2/12/1965
25A. DATE REC'D BY HEALTH DEPT. 25B.
FEB 9 1965

VS 150-REV. 1/1/65

Such

				BALTIMORE CITY	HEALTH DEPAR	TMENT		05-	
BIRT	TH NO.	65 1490		CERTIFICA	TE OF DE	ATH	Registered Na	65 1491)
	E CASE NO.						OUR OF DEATH		
	oe or Print)		Mary J.				y 9, 1965	2:25	A .M.
CE	RTIECS HOSPITAL OR NSTITUTION	TE CORREC	TED 2	-17-65	A. STATE Maryland C. CITY OR TOW	B. COUNTY (If outside	ceased lived. If inst	itution: residence before	admissian)
		Ch Tagan	h Waandd		Baltimor D. STREET ADDR	ess (If rurol,	, give lacation)		
		St. Josep	n nospit	al	2706 Chr	istopher	Ave.		
5. 5	SEX	6. RACE	7, MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	i lo a	CE (la vices)	If Under 1 Yr. , If Und	er 24 Hrs.
-	emale	White	Sir	gle	11/26/191		3- 84 yrs	Months Days Hours	Min.
don		working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	State or tareign o	cauntry)	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S NAM		.1		14. MOTHER'S M	AIDEN NAME			
	nn W. Par					T. McKe	ew		
15. (Ye	Was Deceased s, no or unknown) Unk	Ever in U. S. Armed Fo (If yes, give war or do	rces? es of service)	16. SOCIAL SECURITY NO. 212104132	Mr. Maur	rice B. F	Parks 2711	Christopher	ATE
	(This does n heart failure, injury at cam DISEASES Orise to the	LEADING TO DEATH all mean lhe mode a asthenia, etc. II mean uplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e above cause (A) S CONDITION last.	s the disease, d death.)	(A) SOT ROBOTO A: (B) DUE TO (C)	ial pulmon rterloscle carring.	ary embo rosis an	liscoronar d myocardi	Y	
ATION	TO THE DI	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO TH						
ERTIFIC	19A. DATE OF		NDITION FOR V	VHICH OPERATION	Yes	? (Yes or No) 2	B. IF YES, WERE FILL CAUSE TO SERVICE TO SER	NDINGS CONSIDERED SES OF DEATH?	
CALCE	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, a	in or about 21 C. WH office bldg., INJURY	IERE DID OCCUR?	(If in Baltimore	City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		INJURY OCCURRED le At Not Whi k At Work	le	W DID INJURY			
	that (I) (we)	last saw the deceas	ed alive on	e deceased from J. Pebruary 9,	19 65	ond that i		uary 9, 1	
			ated above. (I) (We) (dld) (did not)	view the body of	ter death.		CAR DATE CICALED	
	23A, SIGNATU	my ou	rde	Juf A.D. AH	ys. L Di	ed. Stol rector Phy		February 9,	1965
	23C. PHYSTCIA	ype)	W 3 - 0 - 1	A	23D. ADDRESS	malina G	A Rallin	one Ma 212	12
24	A RIIPIAL CRE	William B.		ME of CEMETERY OF CR		24D. LOCA		nore, Md. 212	(State)
291	REMOVAL (S	Speciful	_24C. NA	TIVE OF CEIVICIENT OF CR	PINION!	240. LUCA	TOTA TOTA	, town, or county)	(Sidle)

New Cathedral Com.
NAME OF REGISTRARY 5305 Harford Rd. Leonard

25C. FUNERAL DIRECTOR Maryland ADDRESS

Birth Cert. A-39811 - 1880 & Record Room of St. Joseph's Hospital 2-17-65 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and where the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a fracture of any kind; (4) Undetermined cause, (5) Deceased of the contribution of the body buries. was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priveritten approval must be obtained before the remains are embalmed or final disposition is made. death was D.O.A. at a hospital (except where the physician who pronounced

Such

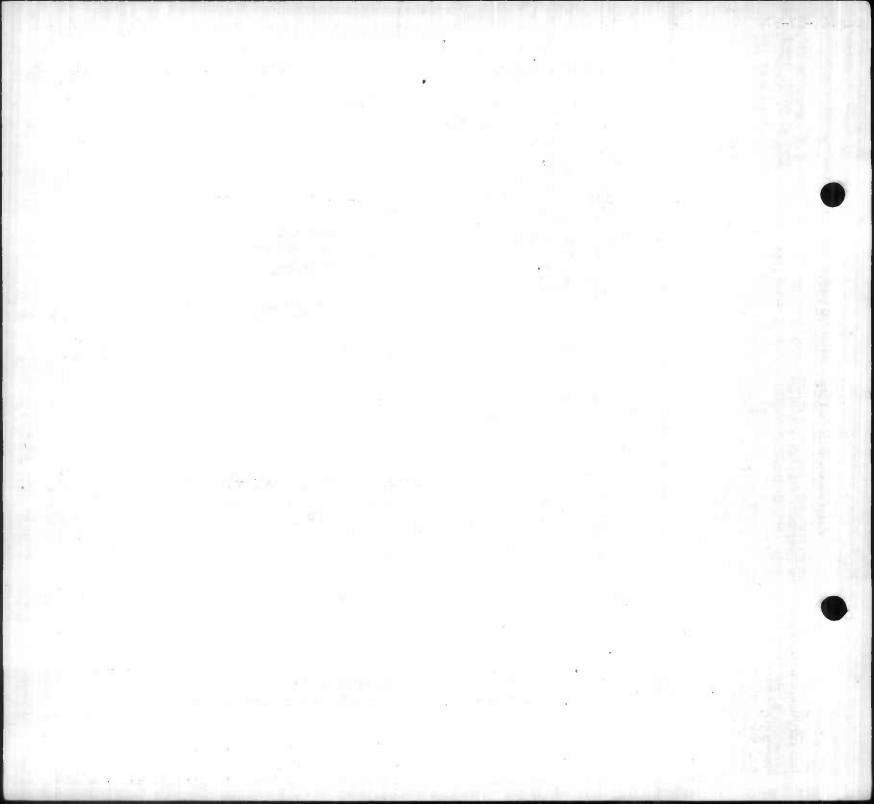
prior to death.

BALTIMORE	CITY	HEALTH	DEPARTMENT
DATE I HAICHTE	OI 1	HENCETH	Del William 1

BIRTH	1	5 14	91	CERTIFICA	TE OF DEATH	Registered Na.	65 1491	
1. NAA	ME OF DECI	EASED	C.		2. DATE	AND HOUR OF DEATH		
туре	QF FINIT	Pa	uline Meye	ers	Feb	ruary 8, 196	5 1:30 P	
FUL	L NAME O SPITAL OR TITUTION	F (If not i	n hospital or institu		A. STATE B. COL	JNTY 2	institution: residence before admission	
/		4940	Eastern A			If rural, give location)		
5. SEX		6. RACE	7. MAR	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours: Min.	
Fer	ale	WHite		lidowed	3-17-74	90		
done d	SUAL OCCL	PATION (Give working life, eve	kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
	THER'S NAM				14. MOTHER'S MAIDEN N	AME		
			MENTIS		WILHELMINA			
15. Wo (Yes, no	o or unknown	Ever in U. S. (If yes, give	Armed Forces? war or dates of serv	vice) 1 6. SOCIAL SECURITY NO.	RECORDS: BCH 4	940 Eastern	Avenue 21224	
18	77	X	TON DIRECTLY	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(1		LEADING TO	DEATH made of dying,		eumonia	് പ്രത്യ സി. ഇ.	3 days	
h	earl failure,	asthenia, etc.	. Il means the disch caused death.)					
	ANTECEDENT CAUSES (B) DUE TO							
ris	se la fhe		ONS, if any, g ruse (A) staling N last,					
TION	O THE D	EATH BUT	DITIONS CONTRIB		losclerotic Car	Adimonaulon	Disease Many yrs	
		OPERATION (FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No! 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
AL C	A. ACCIDEN R CONTRIBU	TING CAU	ERLYING SE OF	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)	
30	D. TIME F INJURY	(Month) (Do	oy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID II	NJURY OCCUR?		
				ded the deceased fram			bruary 8, 19 65	
	A. SIGNATU			ve. (I) (We) (did) (did nat)	view the bady after deat	h.	23B. DATE SIGNED	
		1	7. Co	loty M.D. Att		Staff Phys.	2-8-65	
23	NAME (T	ype)	I	Robert Cooke M.D.	4940 Eastern	Avenue 21224		
	BURIAL CREATE STATE OF THE SECOND SEC	pecify)		AC. NAME of CEMETERY OF CR	1		City, town, or county) (State)	
25A. E				HOLY REDEEMER CE	25C. FUNERAL DIRECT	BALTOL, MD.	ADDRESS	
	E	FR A	1200 (160%	My C' daman' w	LEONARD J.	RUCK INC . B	ALTO. MD 2121/	

LEONARD J. RUCK, INC., BALTO, MD.

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

Such

	01	1.10		BALTIMORE CI	TY HEALTH DEPARTMENT		65	1492
	H NO.	5 149	32	CERTIFIC	ATE OF DEATH	Registered No.	00	1436
1, N	AME OF DEC		INKLEMAN	V		ND HOUR OF DEATH)5	P.
	LACE OF DEA	ATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceased lived. If in	stitution: reside	once before admission
-	FULL NAME OF HOSPITAL OR NSTITUTION		hospital or institu or location)	ution, give street	C. CITY OF TOWN (IF OF	utside city limits, write	RURAL ond giv	re township)
5	THE J	ohns Ho	PKINS H	HOPKINS		ood ROAD		
s. s	MALE	6. RACE	7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) ARRIED	8. DATE OF BIRTH 11/26/11	9. AGE (In years lost biobdoy)	II Under 1 Nonths Doy	fr. If Under 24 H rs Hours Min.
		working lite, even		ND OF BUSINESS OR INDUST	Baltimore, 14. MOTHER'S MAIDEN NA		12, CITIZEN WHAT	OF COUNTRY?
	HARRY	VENTON	Vinson		14. MOTHER'S MAIDEN NA	Lega		
		Ever in U. S. A	Armed Forces? or or dates of ser	(vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	. Hinklema		DRESS
	18, () //	1 1 1		2/0-03-2/9 CAUSE	OF DEATH	• runkiema		S OME
	14	SE OR CONDIT	TION DIRECTLY				ON	SET AND DEATH
		LEADING TO		(A)	SHOCK			
			made of dying,	e.g., DUE TO				
			II means the dis a coused death.)		2000 00-001 0	-0.1		
		ANTECEDENT	CAUSES	(B)	RESPIRATORY F	MILURE		
			NS, if any,	· ·				
			se (A) stating	The (C)	NASTHENIA	GRAVIS		
	UNDERLYIN	CONDITION	last.	000000000000000000000000000000000000000				
		11						-
ATION	TO THE D		ITIONS CONTRIE IOT RELATED T AUSING IT.					
ERTIFIC,	19A. DATE OF	\	WAS PERFORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEA	TH?
CALC	OR CONTRIB	NT WAS UNDER JTING _ CAUSE medical examin	E OF	218. PLACE OF INJURY (e.g hame, larm, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimor	e City, give ex	soct location)
-	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour	While At Not Work At Work		JURY OCCUR?		
				ided the deceased fram	2 3 29	1964 10	505 PM	2/5 19 65
	thot (I) (Mast sow the	deceased olive	e on 2/8		hat in (my) (sar) opi	inion deoth o	ccurred on the d
	ond hour an	d tram the cau	ses stoted obc	ve. (1) ((did) (3) 105	view the body ofter deoth.	•	DAR DAVE	CNED
	23A. SIGNATO	Ticho	· O fo.		Attending Med. Thys. Director	Stoff Phy s.	23B. DATE S	ONED
	23C. PHYSICIS		the		23D. ADDRESS	1173.50	10/8	
	MI	HAEL	LLES	SCH M.	D.	1		
244	BURIAL CRE	MATION, 248.	DATE	24C. NAME of CEMETERY or	CREMATORY 24D.	LOCATION (C	ity, town, or co	ounty) (Stote)
	Buri	al 2/	111/65		metery	Baltimore,	, Mary	land
25A	A. DATE REC'D		1005 25B, N.	AME OF REGISTRAR	Leonard J.	R P = 1 0 = =	E205 1	ADDRESS A L
		FEBA	ושטן עניין	sen c' denant	Leonara y	Nucr ync	י כייככ	Tare your T

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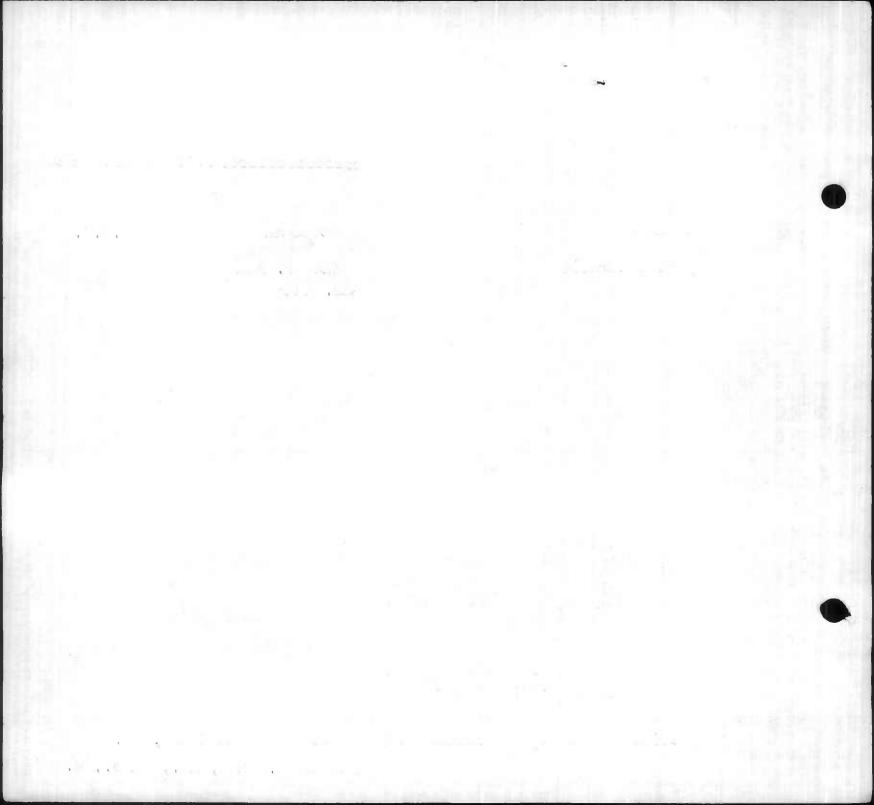
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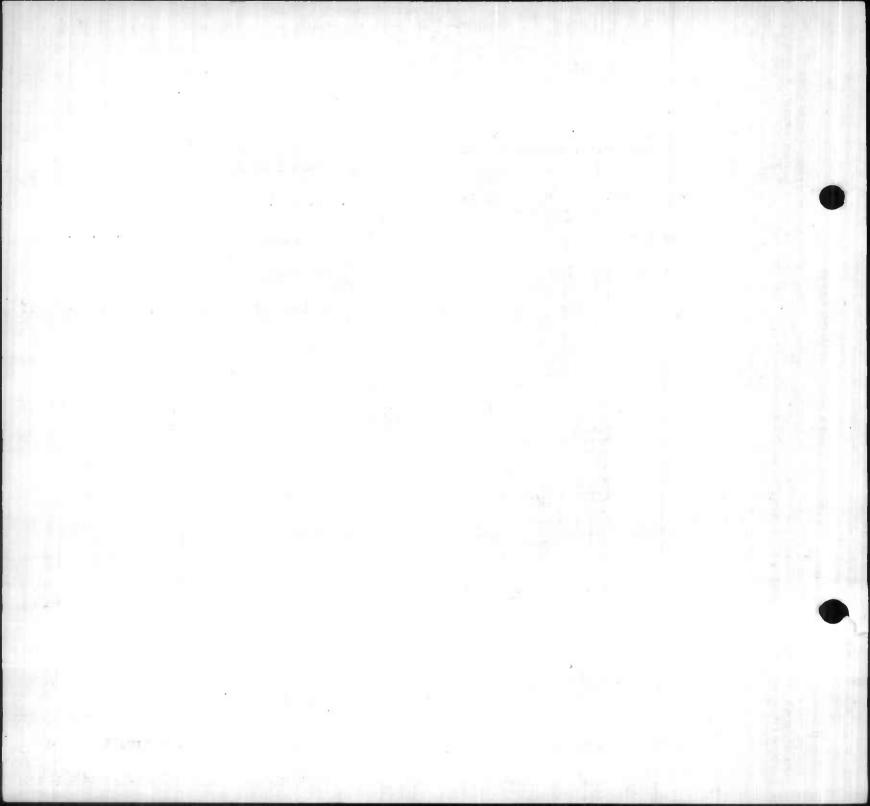
2	~	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CIT	Y HEALTH DEPARTMENT		CE ALOS		
M.E. CASE NO.	55 1493		CERTIFICA	ATE OF DEATH	Registered No.	65 1493		
Type of Print)	CEASED			2. DATE A	ND HOUR OF DEATH	5.5		
Type of Phili	BOUNDING" 1	11 Lin	N		2/7/65	11=0 PN		
PLACE OF DE	ATH IN BALTIMORE MA	RYLAND	, ,		ere deceased lived. If it	nstitution: residence before admission		
				A. STATE B. COU	NTY			
FULL NAME (or institution,	give street	MD.		×		
HOSPITAL OR	oddress ar lacotion	1)		C. CITY OR TOWN (If a	utside city limits, write	RURAL and give township)		
				BALTIMORE		1000		
				D. STREET ADDRESS (I	frural, give lacation)			
UIGO	ERSITY HUS	DITE				McAleer Court		
				NO SOCIO CONTROLLA DE LA CONTR				
SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs Months; Doys Hours; Min.		
F	1,1		INSLE	3/27/11	53			
USUAL OCC	UPATION (Give kind of work			Y 11. BIRTHPLACE (State or for		12. CITIZEN OF		
ne during most of	working life, even if retired)			44	ergii cooniny,	WHAT COUNTRY?		
the Ho	me			Maryland		U.S.A.		
FATHER'S NA	ME	l .		14. MOTHER'S MAIDEN NA	MF			
				4.				
Cawar	d Browning			Mary V.	selby			
Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17 JONEGRAPH NETWOOD		ADDRESS		
s, no or unknow	n) flf yes, give war ar date	s of service)	SECURITY NO.	MARS' ARONS				
				HOSPITAL	RECORD			
1B. /	/ V I		CAUSE	OF DEATH		INTERVAL BETWEEN		
T.	6.					ONSET AND DEATH		
DISEA	SE OR CONDITION DIR	ECTLY	.000	- 000				
	LEADING TO DEATH		(A) CM	30LUS TO (E) R	ENAL ARTE	841		
	not mean the mode of			ting to the single single state state in the contract of the section of the section of the contract of the con	**************************************			
	osthenio, etc. It meons							
injuly of col	ANTECEDENT CAUSES (B) SUBACUTE DACTERIAL ENDOCARDITS OUE TO							
ANTECEDENT CAUSES (B) DUE TO								
DISEASES	DISEASES OR CONDITIONS, if ony, giving							
	e obove couse (A)		(C) RH	COMATIC NEAR	DISEASE			
UNDERLYIN	UNDERLYING CONDITION lost.							
OTHER SIGN	II	ONTRIBILITIAL	C					
	DEATH BUT NOT RELA		E d					
DISEASE OR	CONDITION CAUSING	Т.	MAD (K) WE MARE			MONIN SENERAL PAYS HEC		
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED		
	WAS LEKE	OKIVIED		Nes	IN CERTIFIING CA	OSES OF DEATH:		
21A. ACCIDE	NT WAS UNDERLYING	1 218	PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Baltimar	e City, give exact location)		
OR CONTRIB	UTING CAUSE OF	han	ne, form, factory, street,	office bldg., INJURY OCCUR?	wording			
DEATH (notify	y medical examined	etc.)					
21 D. TIME	(Month) (Day) (Year)	(Hour) 21F	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
OF INJURY	-,-		ile At Not Wh					
(APPROX.)		Wo						
20 1 16	111111111111111111111111111111111111111	8		.12.3	1111	5 13		
ZZ. I certify	that (1) (this hospital	offended t	he deceased from	127	ا 10 حما 19	7 19 65		
that (I) (we	lost saw the decease	d olive on	2/7	19 65 and t	hot in (my) four loni	inion deoth accurred on the do		
		ed obove. ((dld not)	view the body after death.				
23A. SIGNAT	URE					23B DATE SIGNED		
1 2	1 000		M.D. AI	tending Med.	Stoff Phys.	2/2/		
1. 1. 1	mader Bake	38	Ph		Phys.	2/7/65		
23C. PHYSICIA	ANS I VAN RE	adley	Baker	23D. ADDRESS		V		
MAINE	Type) Lynn Br	_			- ()) to a		
T T YV	IN DIGHTOFF	RAKE	RI	REMATORY 24D.	114 HUST	TAL		
A. BURIAL CRE	MATION, 248. DATE							
REMOVAL	al 2/11/	65	Loudon Pani	6 Camptoni	Raltiman	a Md		
Duce	un 2/11/	()	Loudon ran	k Cemetery 25C. FUNERAL DIRECTO Leonard J.	Datumon	e, 1110.		
A. DATE REC'D	BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIRECTO	ROIO	O / ADDRESS		
	EEB 9 1965	(R D. 6	F. Starbeutia	Leonard 4.	Kuck, Inc.	, Balto. Ild.		
		IN CONT	, -,	0 1				
5 150-REV. 1/1/	65							



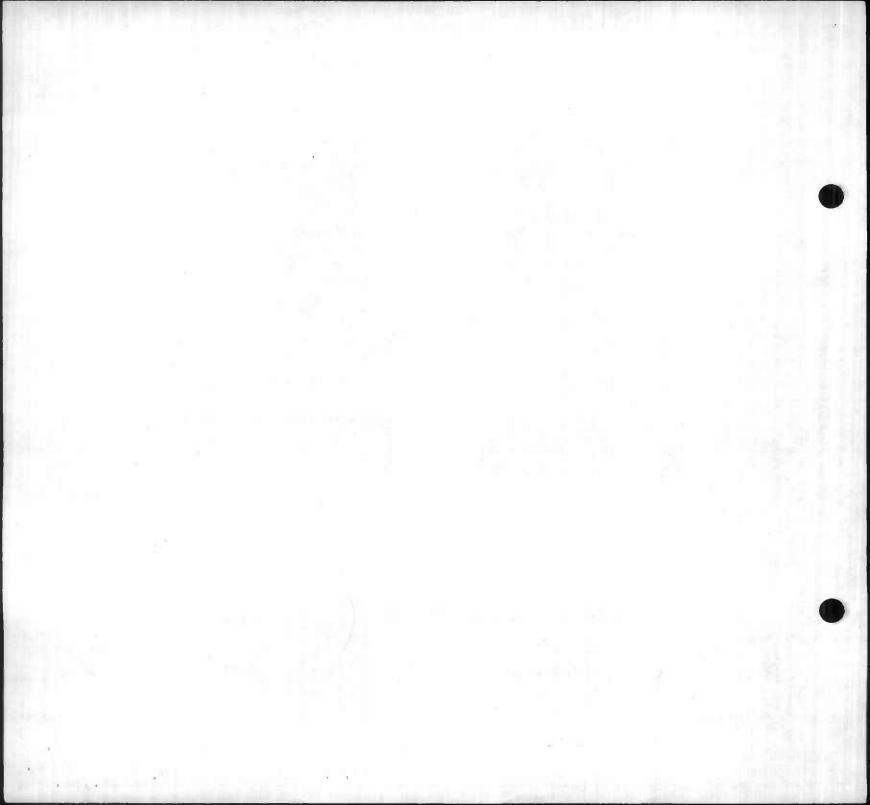
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

				BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH N		1494		CERTIFICA	ATE OF DEATH	Registered Na	65 1494		
	OF DECEAS	ED		- 11 - 1 1	2. DATE AND HOUR OF DEATH				
Type of	Ma	ude Huff			Febr	ruary 8, 1965	M.		
3. PLAC	E OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If in:	stitution: residence before admission)		
					Maryland	7	7-48		
	NAME OF	(If not in hospital oddress or location		ive streel .	the state of the s	utside city limits, write R	(URAL ond give township)		
INSTIT	828 East Lake Avenue					orside city limits, write a	(URAL ond gifve township)		
747				07.07.0	Baltimore D. STREET ADDRESS (I	f rurol, give location)			
	Bal	timore, Mar	ryland	51515					
					828 East Lak		21212		
	5. SEX Female White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci		, DIVORCED (specify)	Aug. 31. 1882	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
			10B. KIND OF	BUSINESS OR INDUSTR	Aug. 31, 1882	reign country)	12. CITIZEN OF WHAT COUNTRY?		
		ing life, even if retired)					U. S. A.		
	usewife			41	Maryland	AAAE	0. D. A.		
J. FAIR	TON S HANGE				IN MALLIER 2 MINIDER IN	71716			
		arles Kidd			Ann Howard				
15. Was	Deceased Eve	yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Lake Avenue		
N		None		None	Miss Marian Hu		e, Maryland 21212		
18.	616				OF DEATH	TT DOT OTHOL	INTERVAL BETWEEN		
DIS rise UN	ANT EASES OR In the condition DERLYING CONTROL THE SIGNIFICATION THE DEAT	henia, etc. II means olian which coused rECEDENT CAUSES CONDITIONS, if blave cause (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA	deoth,) any, giving slaling the ONTRIBUTING	DUE TO?	il of 3 yes rebral arter	Duratu-			
TIEN D	DATE OF OP	ERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
OR	CONTRIBUTION	WAS UNDERLYING CAUSE OF			in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
□ 21 D.		onth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
1 5	INJURY PROX.)			e At Not Wh					
			Worl				73		
22.	I certify tha	t (I)(this hospital) attended th	e deceased from	1467	19 to	14-3		
	(I) (we) las	it saw the decease	d alive an	Jela do	73 19 69 and 1	that in (my) (aur) opin	nian death occurred an the dote		
ond 23A.	haur and fr	am the couses stat	ed abave. (1)	(We) (did) (did nat)	view the bady after death				
	SIGNATURE		0				23B. DATE SIGNED		
	/1/	ralen Pasi	13. My	M.D. A	Hending Med.	Staff	2/5/65-		
23C.	PHYSICIANS	1 Partition	1000	f Pr	23D. ADDRESS	Phys.	1907		
230.	NAME (Type)	MP	1 1200		1-1 DIN 21.	1. RN 14	2. Alt 21212 (11)		
		16 au	1149	V/4 M.D	00000	76/14/10	and will his		
	RIAL CREMA		24C.NA	ME of CEMETERY OF C	REMATORY 24D.	LOCATION (Ci	ty, lown, or county) (Stote)		
	Burial	2/11/19	SE / 35-	man and M	:-3 0.	Raltimore Co	ounty, Maryland		
		HEALTH DEPT.	25B. NAME O	reland Memor	25C. FUNERAL DIRECTO	OR A	Itim ADDRESS 117		
	FF	B 9 1965	12. D. Fr	E. Starbey M.A	word Ticker	rer blom no	ettimore ind T		
VS 150-	REV. 1/1/65	1000	MUSTAGO		a my last				



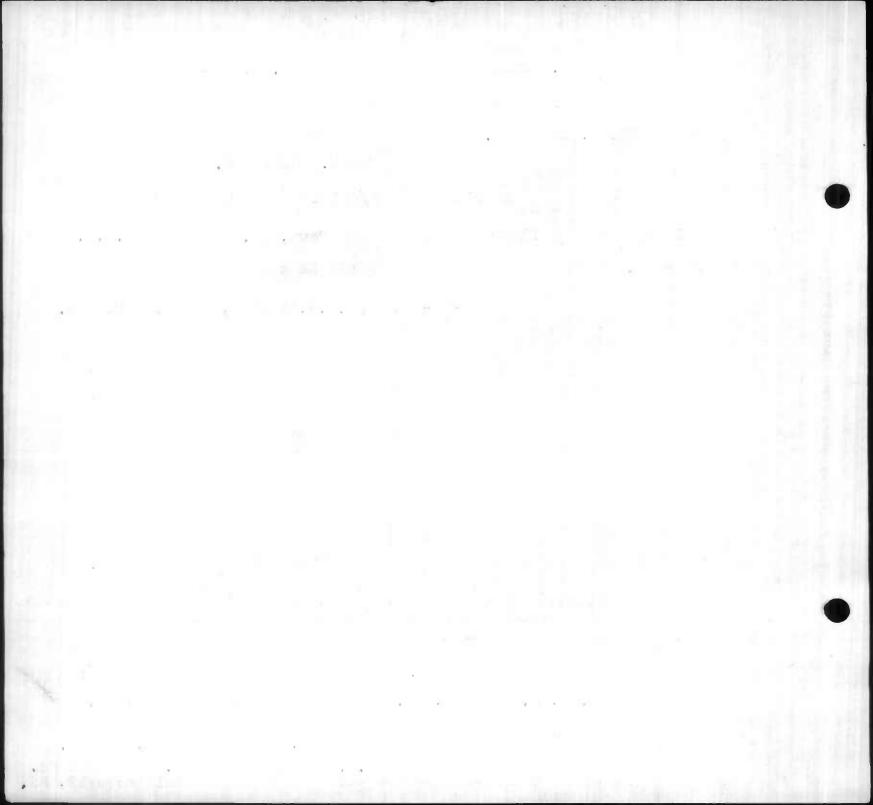
1	56	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made:
This certificate must be a	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to death) written approval must be

	0	- 1.46	31-	BALTIMORE CIT	Y HEALTH DEPARTMEN	T	65 4406
M.1	CASE NO.	5 148	35	CERTIFICA	ATE OF DEATH		
	AME OF DEC		S L. WA	RNER		E AND HOUR OF DEATH	110 A M.
	PLACE OF DEA FULL NAME O HOSPITAL OR NSTITUTION	F (If not in oddress o	hospital or institution location) and Gener	on, give street al Hospital	Maryland	OUNTY If outside city limits, write (If rurol, give tocotion)	RURAL ond give township)
5. 5	Mak	Cau.	WIDO	WED, DIVORCED (specify)	8. DATE OF BIRTH 7/11/89	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of	working life, even	f retired)	of Business or industr	Baltimore 1	Mq.	12. CITIZEN OF WHAT COUNTRY?
	Geor	ge T. U	Jarner		Cecelia	Warner.	
15. (Ye:	Was Deceased s, no of unknown Ves	Officer of the second of the s	rmed Forces? or or dotes of service	16. SOCIAL SECURITY NO. 219-30-0755	Sarah W. W	Varner	Above
	18. 420 DISEAS	SE OR CONDIT		INEI (A) C	OF DEATH MOPERICARD APPOINT JA	DILLY 2 TRONADE	INTERVAL BETWEEN ONSET AND DEATH
ATION	DISEASES (rise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR	ANTECEDENT (DR CONDITION B above county G CONDITION III IFICANT CONDITION EATH BUT NO CONDITION CA	CAUSES NS, if any, gives (A) stating last. THONS CONTRIBUOT RELATED TO USING IT.	TING THE	CARDIAL IT		
CERTIFIC	19A. DATE OF	1	VAS PERFORMED	OR WHICH OPERATION	425	/3	AUSES OF DEATH?
AL	OR CONTRIBU	NT WAS UNDER	OF er)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bidg., INJURY OCCU	R?	re City, give exact location)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor) (Hour)	21E, INJURY OCCURRED While At Not Will Work At Work	ile 🖳	INJURY OCCUR?	
244	ond hour one 23A. SIGNATU 27C/PHYSICIA NAME (T	lost sow the d from the couling	deceased olive of session of the ses	e. (I) (We) (did) (did not)	ttending Med. Director 23 D. ADDRESS Mary 16	Stoff Phys. D	inion death occurred on the date 238. DATE SIGNED 2-9-65- Hospital (Slote)
	Burial	Specify) 2 BY HEALTH DE	-11-65 :	Loudon Park	25C. FUNERAL DIREC	Baltimore	Md.
VS	150-REV, 1/1/		1965 Mele	M C' Marked.	H.W.Jenki	ns & Sons C	Balto.,Md.



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of of	ath	
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Ca	to	/
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his so, of a	Unc	pa
A A	Ono	E
ine	Pr	mp
pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
(3) (5)	C .	TS G
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by 2) B	re t	fore
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ody S: (1	D.O.	en c
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be
F + 0	5 0	5

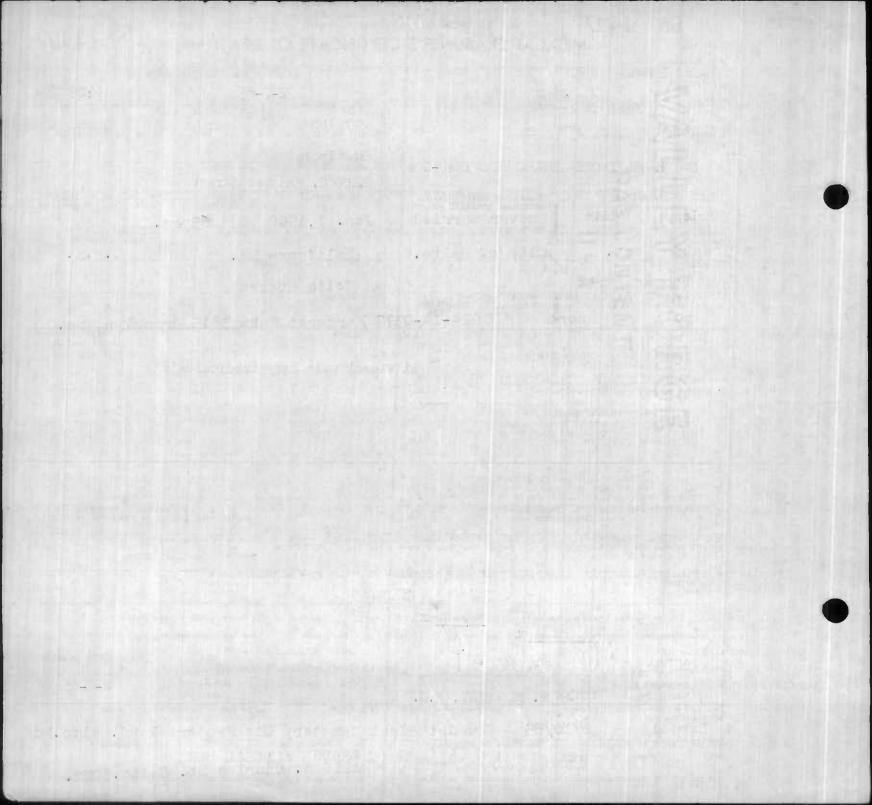
	CE 4400		BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO,	65 1496		CERTIFICA	TE OF DEATH	Registered Na	65 1496
M.E. CASE NO				lo DATE	AND HOUR OF DEATH	
Type or Print)					AND HOUR OF DEATH	10
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Raymond W.	Dixon		Feb.	8. 1965	/ P. M
B. PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	Vhere deceased lived. If inst	itution: residence before admission)
				A. STATE B. CO	THE	1-2-11/6
FULL NAMI			give street	Maryland	L	1-9
HOSPITAL C		n)		C. CITY OR TOWN (IF	oulside city limits, write RU	JRAL and give flownship)
1143111011014	726 E. Lal	1=0 A ==0		Da 3 del mana		
)	120 E. Lai	KO AVO		Baltimore D. STREET ADDRESS	(If rurol, give location)	
				726 E. Lak	e Ave.	
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
2.0		WIDOWED	, DIVORCED (specify)	111 1- 00-	lost birthdoy)	Months Doys Hours Min.
M	W		ried	4/6/1885	79	
	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF
one during most	of working life, even if retired)					WHAT COUNTRY?
Mil	ler	Flour	& Feed	Horn Town,	Va.	U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
T	a D.			4		
Jame	s C. Dixon			Annie Kate		
5. Was Decea	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unkno	wn) (II yes, give wor or date	es of service)	SECURITY NO.			
no			216-10-3719	Mrs.O.E.Fle	ming, 726 E	. Lake Ave.
118.			CAUSE O			INTERVAL BETWEEN
10. 4	2011 7 101	10	CAUSE O	DEATH		ONSET AND DEATH
DIS	ASE OR CONDITION DI	RECTLY	0		41 4	
	LEADING TO DEATH		IN HA	Tile CORONARY	Verlacsisa	MINUTUS
(This does	s nat mean the made ai	dying, e.g.,	DUE TO	No.		
	re, asthenia, etc. II means					
injury at o	amplication which caused	death.)	100	701 - C - 1	0100	YEARS
	ANTECEDENT CAUSES		e.g., DUE TO ACUSE CORONARY OCCUSESION ORTERIO SCLUSIONE C. V.D.			961743
			DUE TO			
	OR CONDITIONS, IF					
	The above cause (A)	slaling the	(C)			
UNDERLI	ING CONDITION Idsi.					
	II .					
OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING	3			18 405
	DEATH BUT NOT REL		E CARCINOMI	7 OF BLAC	WER	10 703
A DISEASE	OR CONDITION CAUSING					NDINGS CONSIDERED
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
				No		
U 21A. ACCI	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DIE	(II in Boltimore	City, give exact location)
OR CONTE	IBUTING CAUSE OF	hom	e, lorm, loctory, street, o	fice bldg., INJURY OCCUR	?	
DEATH (no	tily medical examined	etc.)				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21F	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY						
(APPROX.)		Whi	le At Not While	e		
	ify that (1) (this hospite			AN 25	1965 to Fe	3 8 19 65
that (1) (re) last sow the decease	ed alive on	FEB. 5	19 65		ion death occurred on the date
						ion death occurred on the date
ond hour	and fram the couses sta	ted obove. (I) (\text{\text{We}}) (\did nat) \	iew the body ofter dear	th.	
23A, SIGN						23 B, DATE SIGNED
	1100	/		- L. L		
	18/10/11/17	1 4	·D M.D. Atte	s. Med.	Stoff Phys.	2-8-65
23C. PHYSI	CIANS	P		23D. ADDRESS		
NAM	E (Type)	T 17	noble To		Dead Dead	ama Ma
	Dr. S.	9 . A 01	nable, Jr.	1212 YOLK P	Road, Baltim	ore, Ma.
AA. BURIAL C	REMATION, 24B. DATE	24C N	AME of CEMETERY OF CR	FAA A TORY	LOCATION (City	taun or country 15
	L (Specily)	24C. N.	TIVLE OF CENTETERS OF CR	ENATURI 24L	" LOCATION (City	, town, or county) (State)
Buria		965 B	ethany Meth	odist Com	Pogomoleo de	to Ma
		,	Contestry LICOLI	OCTO OCHI	Pocomoke Ci	ty, Md.
JA. DATE REC	O'D BY HEALTH DEPT.	TO MAME	E Farbury.	H W Tankal Direct	& Sone Co	4905 York Rd.
	LFD A 1202	Value	C' ACMOSTINA	THOM OF OTTWILL		
VS 150-REV. 1.	/1/65				Ba	ltimore 12, Md.



PALTIMODE	CITY	HEALTH	DEDADTAGE	ENT
BALTIMORE	CILI	HEALIH	DEPAKIME	SIM.

65 1497

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF D	EATH Registered Na.	1437					
M.E. CASE NO.								
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD							
JOHN BURKE	2-7-		4:26 AM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE	deceased lived. If institution: resi B. COUNTY	dence before odmission					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	. I' '. '. DIEDAI	1:1					
HOSPITAL OR ADDRESS OR LOCATION)	C. CITT OR TOWN (If ourside	corporate limits, write RURAL o	give lownship)					
COVIDED DATESTAGE OF THE STATE	Baltimore							
SOUTH BALTIMORE GENERAL HOSPITAL-DOA	D. STREET ADDRESS (If rurol, give locotion)							
	1400 S. Hanover Street							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH		Doys Hours Min.					
Male White never married	Jan. 1,1900	65yrs.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU-	TRY 11. BIRTHPLACE (State or foreign	country) [12. CITIZ	EN OF T COUNTRY?					
Water Dept. City of Balto.	Baltimore	Md.	U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Thomas Burke	Delia Hugh	es						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown),(If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRES	5					
	377 Margaret Ma	29 3815 Brooks	TYN ATTO					
18. CAI	SE OF DEATH	NA JOES BROOK	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH					
LEADING TO DEATH	lateral pulmonary	tuberculosis						
neon follure, osinento, etc. it meons the disease,		A.F. C. P. C. R. M. III. V. P. J. C. W						
injury or complication which coused death.)								
ANTECENDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE			* # ® # # # © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
UNDERLYING CONDITION LAST.								
Š II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION CAUSING IT.		***************************************						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20B. IF YES, WERE FINDINGS C						
	No	IN CERTIFYING CAUSES OF DE	AID:					
	office bldg, INJURY OCCUR?	If in Boltimore City, give exact le	ocotion)					
UTING CAUSE OF DEATH.								
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR	D 21F. HOW DID INJU	RY OCCUR?						
OF INJURY (APPROX.) WHILE AT N	T WHILE							
22.	m. WORK L AT WORK L							
I certify that I held an Inquiry Inspection X	Autopsy and that an thi	s basis, death In my apinla	n					
resulted fram: Natural causes X Accident Sui	ide Hamicide U	Indetermined manner						
1601/100	CHIEF MEDICAL EX		DATE SIGNED					
SIGNATURE IN THE SECOND	ACTUAL ACCISTANT MEDICAL EXAMINED							
EXAMINER'S	EXAMINER'SASSOCIATE MEDICAL EXAMINER X 2_8_65							
NAME (Type) PETER W. RIECKERT, M.D.	NAME (Type) FETER W. RIECKERT, M.D.							
REMOVAL (Specify)		OCATION (City, town, or						
Burial 2/10/65 New Cathed	ral Cemetery 01	d Frederick Ro	d.Balto.Mc					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS					
FEB 10 1965 Robert E. tarburt	KRAUSE FUNE	rles St. Balto	7015					
	1 50 5116	TTOB DO. DELL	J. SUNd.					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

05 4400	BALTIMORE CITY HEALTH DEPART	MENT 65 1498
ыктн но. 65 1498	CERTIFICATE OF DE	ATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	12	DATE AND HOUR OF DEATH
4 M		6 P.M. on 2-8-1965 GP.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A USUAL RESIDE	NCE (Where deceased lived, If institution; residence before admiss
3 TEACE OF SEATH IN SHERMAN MAKE AND	A. STATE	B. CDUNTY
FULL NAME DF (If not in hospital or instituti	ion, give street Masyle	and
HDSPITAL OR oddress or location)	C. CITY OR TOWN	N (If outside city limits, write RURAL and give township)
Church Home and	Hospital Railing	nore #24
CHAIN TOME SUIT	D. STREET ADDRE	SS (If rural, give location)
Baltimore 31, M	α,	
		Curley St.
	HED, NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 In Months Doys Hours Min
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Married June 24,1	
OA, USUAL OCCUPATION (Give kind of work 108, KINE		tote or foreign country) 12, CITIZEN OF
one during most of working life, even if retired)	_	WHAT COUNTRY?
Housewite	Conv	recticul U.S.A.
3. FATHER'S NAME	14. MOTHER'S MA	
1.1 // .		
John Krass	Louis	se Zaranek
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dates of	SECOKI 19.	3 (40 0 0 0 0
No -		F. Krul, 612 S. Curley St.
1B. /-	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLE	2	
LEADING TO DEATH	Acrete muc	scardical infarction - 12 hou
(This does not mean the mode of dying	E TO	
heart failure, asthenia, etc. It means the die	The Mark vice	Oux tachucardia - tell
injury or complication which coused death	E NEW CO.	lar tachycardia- few minut
ANTECEDENT CAUSES	E TO ONCE	+10x1 Carlon 1
DISEASES OR CONDITIONS, if ony,	E TD OUVICE	
rise to the above couse (A) stating		
UNDERLYING CONDITION last.	E 60	
DTHER SIGNIFICANT CONDITIONS CONTRIE	福尼 / 用	
E TO THE DEATH BUT NOT RELATED T	THE	
DISEASE DR CONDITION CAUSING IT.	OR WHICH OPERATION 20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	- No	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CALLS OF	21B. PLACE OF INJURY (e.g., in or about 21C. WHI home, form, factory, street, office bldg., INJURY (ERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examined)	etc.)	*Income,
0	21E INJURY OCCURRED 21F. HOV	W DID INTURY OCCUP?
21D. TIME (Month) (Doy) (Year) (Hour)		W DID INJURY OCCUR?
(APPROX)	While At Work At Work	-
		a cult con and con
		2-8 1965 10 GPM- GN2-8 196
that (4) (we) last saw the deceased alive	on 2-8-1965 19	and that in(my) (our) apInIan death accurred an the
and have and from the course stated about	e. (1) (We) (did) (did-not) view the bady after	es death
	er (i) (iie) (aid) (aidemai) view the bady diff	er dedin.
23A. SIGNATURE		
Kishor C. Meh	M.D. Attending Me	ector Phys. 2-6-1965
23C. PHYSICIAN'S	23D. ADDRESS	20,103
NAME (Type)		Line a and United Rulh 21
KISHOR C MEHT	A M.D. Church	Home and Hospital, Balti-31
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town Trooping) (Stote
REMOVAL (Specify)		
Burial 2/11/65 S	t. Stanislaus	Baltimore, Maryland
25A, DATE REC'D BY HEALTH DEPT. 25B, NA		
	ME OF REGISTRAR 25C. FUNERAL	DIRECTOR ADDRESS
EER 1 0 1085 10 0	- 0 / 11 415	
FEB 1 0 1965 R.C.	- 0 / 11 415	DOWSKI & SONS, 1808 EASTERN A

Housewife Many Co. June 24, 1900 General
Housewife Committee Committee
John Kyers

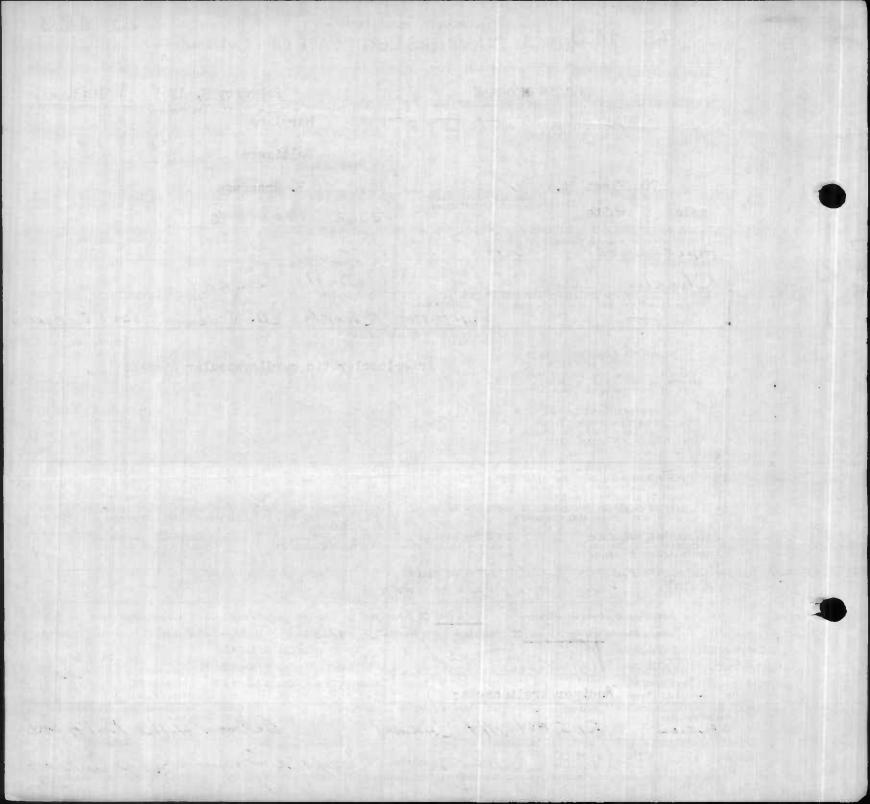
to the service hathras spine atusA

2-8-1965

KISHON C MENTA

CHURCH HOLLE CHECKING PLANT

BIR.	TH NO. 6	149MED	CAL EX	CAMINER'S CI	ERTIFICATE	OF	DEATH Registe	ered No	1400
-	E CASE NO.								
ίŤγ	Pe or Print)		M M	ANT	2.		ID HOUR PRONOUNC	1	70.20
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	N NOORM		4. USUAL RESIDEN		deceased lived. If inst	titution: residence	e before odmission)
					A. STATE	arylar	B. COL	YINU	
HO	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION	JTION, GIVE STREET	C. CITY OR TOWN	eltimo	re	RURAL ond gi	vo township)
5. 5		00 Fleet St.	7 AA ADDIED	NEVER MARRIED	B. DATE OF BIRTH	S. Bro	9. AGE (In yoors	H Hadas 1 V	r. If Under 24 Hrs.
J	male	white		DIVORCED (specify)		1902	lost birthday		s Hours Min.
		UPATION (Give kind of work working life, even if relired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SIG	ote or forei	gn country)	12. CITIZEN C	
1	APERH	ANGER	Sel	/	VA			05,	7
13.	FATHER'S NAM	,			14. MOTHER'S MAI		-		
	CHAR				JAIL	1 6	Moorman		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		Moorman	ADDRESS	
				214-12-1707	Charle	s U	. NOORMAI	V 322	4 EVERSKE
ERTIFICATION	DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) 5' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING						
RTIF	DISEASE C	R CONDITION CAUSING	IT.	WHICH OPERATION	20A AUTOPSY2	Yes or Ne	20B. IF YES, WERE FI	INDINGS CONS	DEPED
L CE	0	WAS PER	FORMED		No		IN CERTIFYING CAU	SES OF DEATH	?
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. homo etc.)	PLACE OF INJURY (e.g., , form, foctory, stroet, o	in or obout 21 C. WH office bldg., INJURY C	CCUR?	(If in Boltimore City, g	ive oxoct locolic	on)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) IYeo		VHILE AT NOT AT W	WHILE	LNI DIO A	URY OCCUR?		
	ACTUA SIGNAT EXAMI	URE JULY	rei Cer	Suicident Suicid		DICAL E	XAMINER X	er 🗌	ATE SIGNED 2-3-65
234	NAME (C. NAME of CEMETERY O	CREAMATORY	22.0	LOCATION (City	, town, or count	y) (Stote)
RE/	MOVAL (Special	y)	A64 1	MY CARIN	e/	6	evens H	Ille F	Balto ma
24/	A. DATE REC'D	FEB 1 0 1965	24B, NAME	OF REGISTRAR Failey M.A.	24C. FUNERAL	DIRECTO	Danning	ADDI	RESS by
VS	151-REV. 1/1/		1.0000	-	1		/	4630,	SV.



V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. death Deceased Such 1. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) uo DANTEL FIRESTONE. February 8, 1965 3:45

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) February 8. hospital death. of 3. PLACE OF OEATH IN BALTIMORE, MARYLAND ance B. COUNTY A. STATE (2) cause FULL NAME OF (If not in hospital or institution, give street Maryland Baltimore HOSPITAL OR address or location) OR TOWN (If outside city limits, write RURAL and give township) cause; attend INSTITUTION 10 8 Baltimore City Hospital Essex Ξ. prior contributing O. STREET ADDRESS (If rurol, give location) occurred . Undetermined 811 Woodrow Avenue regular mad 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Und Months! Ooys Hours If Under 24 Hrs. eceased WIDOWED, OIVORCEO (specify) Male White Single Nov. 19, 1923 41

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 41 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working lile, even if retired) 2 OF U.S.A. ŭ Plumbing & Heating Co. Baltimore, Maryland Plumber Mas 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct 3 Emma G. Alte Daniel L. Firestone eath On kind; 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT AOORESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance O 218-12-2205 Beverly Bartholomew 811 Woodrow Ave. #21 any CAUSE OF DEATH 0 ONSET AND CEATH his DISEASE OR CONDITION DIRECTLY A So. of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., proi heart failure, asthenia, etc. It means the disease, the chief medical examiner gular injury ar camplication which caused death.) ANTECEDENT CAUSES 0 10 are 4 DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION last. medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED by 21A. ACCIDENT WAS UNDERLYING 5 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ere (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital Ŷ MEDICAL DEATH (notify medical examiner) etc.) nature; ¥ ¥ obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (9) OF INJURY approved (except While At Not While (APPROX.) Work and At Work any 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an and that in (my) (aur) apinion death occurred an the date of death) hospita and hour and from the sayses stated above. (1) (We) (did) (did not) view the body after death, was released must accident 23A. SIGNATURE 238. DATE SIGNED Attending M.O. Med. Stoff 0 Phys. Director _ written approval Phy s. 8 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) An Michael Grossfeld M.D 5402 Belair Road Baltimore, Md. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) deceased (Stole) the body o REMOVAL (Specify) shows: Ö 165 Oak Lawn Cemetery Was 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR James E. Bruzdzinski 1407 Eastern Ave. #21

